STD

SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

2002

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STATE OF CALIFORNIA

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July 2004

OVERVIEW OF THIS REPORT

With this issue of the California STD Surveillance Report, we begin a transition to a new format. After this overview, there is a section that describes the sources and limitations of these California STD surveillance data. This is followed by a narrative section highlighting key observations for 2002, followed by a section of figures, and a section of tables.

In addition to most of the figures and tables we have provided for several years, our new Table 1 includes long-term historic data for gonorrhea (back to 1913), syphilis (back to 1940), and for chlamydia (back to 1990, the year after chlamydia became reportable in California). Some of these historical tabular data are also included in the figures for each specific disease. Other changes include additions of summary figures which combine data for chlamydia, gonorrhea, and primary and secondary (P&S) syphilis over time, by age, and by race/ethnicity. A number of other changes are included in this Surveillance Report that we hope you find useful.

Finally, in this electronic age, we are attempting to transition this Surveillance Report to a web-based report and are printing many fewer paper copies. The whole report is available on our web site http://www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm as a PDF file and as separate text, tables, and a PowerPoint presentation of the figures. In addition, although it is not a formal part of our Surveillance Report, data are available for all 61 California local health jurisdictions, for chlamydia, gonorrhea, and P&S syphilis, grouped by age, race/ethnicity, and sex on our web site at http://www.dhs.ca.gov/ps/dcdc/STD/datayears.htm.

Please contact us if you have any comments or suggestions on the report or if you need additional data.

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SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA 2002

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Preface

This report, entitled *Sexually Transmitted Diseases in California, 2002,* includes current surveillance and prevalence monitoring disease data collected through 2002 for the following infectious diseases: chlamydia, gonorrhea, syphilis, chancroid, and associated clinical syndromes, including pelvic inflammatory disease and non-gonococcal urethritis.

Sexually Transmitted Diseases in California is an annual publication of the California Department of Health Services STD Control Branch. All tables and figures in this edition supersede those in earlier publications of these data.

This report provides a comprehensive picture of STD trends and current morbidity in California. These data are compiled to guide policy and program development within the state STD Control Branch, local STD programs, and other public health agencies.

Copyright Information

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Web Site

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INTRODUCTION

OVERVIEW OF SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA, 2002

Rates of chlamydia, gonorrhea, and early syphilis all increased in California in 2002 compared to 2001. In 2002, over 110,000 cases of chlamydia were reported (110,356 cases for a rate of 312.6 per 100,000 population), almost 25,000 gonorrhea cases were reported (24,625 cases for a rate of 69.8 per 100,000 population), and over 1,000 cases of primary and secondary syphilis were reported (1,044 cases for a rate of 3 per 100,000 population). These large numbers of reported cases made sexually transmitted diseases (STDs) by far the most commonly reported communicable diseases in California (and in the United States). Further, because STDs are often asymptomatic, the true burden of these diseases was many times greater than the number of reported cases.

These increases in chlamydia, gonorrhea, and syphilis in 2002 were generally seen in all age groups, in all race/ethnic groups, and in both males and females. One notable exception to this trend was that syphilis continued to decrease in females and, therefore, rates of congenital syphilis also continued to decrease. However, syphilis continued to increase in males, particularly among gay and other men who have sex with men, many of whom were co-infected with HIV.

Many important patterns (e.g., geography, sex, age, race/ethnicity, time) of STD distribution are described in detail in the following sections of disease-specific text, figures, and tables. Two key points emerge from these patterns that require emphasis: the extraordinarily high rates of STDs among African Americans and the high rates of chlamydia and gonorrhea among persons less than 25 years of age, particularly females.

For example, the gonorrhea rate in 2002 for African American females was over 20 times higher than for non-Latina white females, and the rate for African American males was over 9 times higher than among non-Latino white males. In some age groups these racial disparities were substantially greater. Similar race/ethnic disparities have also been noted from prevalence monitoring in family planning and STD clinic populations. Although the precise reasons for these elevated African American rates are not known, they undoubtedly are at least in part related to sexual network and mixing patterns, social and economic disruption, and the much higher prevalence of all STDs in African American communities. Addressing these racial/ethnic STD disparities is of paramount concern and a critical challenge for our STD programs.

Also of concern is the large number of STDs among young persons, a pattern observed in case-based reporting data as well as in prevalence monitoring data from public and private sector sentinel sites. For example, in 2002 over 55,000 cases of chlamydia were reported in females 15 to 24 years of age, representing almost 70 percent of all female cases. And, as noted, these cases represented only a fraction of the true number of infections that occurred—this large burden of disease results in chlamydia and gonorrhea being the leading cause of preventable infertility in California, affecting all women, but particularly women who are just entering their reproductive years.

DATA SOURCES

Overview of the Data Sources by Sexually Transmitted Disease

	Sexually Transmitted Disease			
DATA SOURCE	Chlamydia	Gonorrhea	Syphilis	Other STDs
CASE-BASED SURVEILLANCE	X	X	X	X
PREVALENCE MONITORING				
Family Planning	X	X		
STD Clinics	X	X		
Managed Care	X	X		
Juvenile Halls	X	X		
GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP)		X		

The STD surveillance systems operated by state and local STD control programs are the sources of California data in this publication. Case-based surveillance is conducted for the following reportable STDs: chlamydia, gonorrhea, syphilis, pelvic inflammatory disease (PID), non-gonococcal urethritis (NGU), and chancroid. Case reports are submitted to local health jurisdictions in the form of laboratory reports and Confidential Morbidity Reports (CMRs). The local health jurisdictions then submit the data to the California Department of Health Services (CDHS). Submission of the data may be accomplished electronically in two ways. Most health jurisdictions either use the Automated Vital Statistics System (AVSS) communicable disease module, or enter case data into a non-AVSS database using regional office computers or STD surveillance unit staff support in Sacramento. A small number of health jurisdictions report case data through paper-based transactions (individual CMRs).

Rates by county and selected city health jurisdictions were calculated using State of California, Department of Finance*, County Population Estimates and Components of Change, July 1, 2001–2002, with Historical 2000 and 2001 Estimates,* Sacramento, California, January 2003. Rates by age, race/ethnicity, and gender were calculated using State of California, Department of Finance*, Race/Ethnic Population Projections with Age and Sex Detail, 1970–2040*, Sacramento, California, December 1998. Since these reports present different population projections or estimates, total California rates may not be identical. In this report, data are presented by county and for the separate city health jurisdictions of Berkeley, Long Beach**,** and Pasadena. The data for these cities are displayed separately from their respective county totals and are included in the county totals.

The race and ethnicity information listed and the corresponding census categories are Black (Black, non-Hispanic); Hispanic/Latino (Hispanic ethnicity, regardless of race designation); White (white, non-Hispanic); Asian/Pacific Islander; Native American/Alaskan Native; and Not Specified (no race or ethnicity information was

available). The substantial amount of missing race/ethnicity data from the laboratory reports and CMRs limits the interpretation of race/ethnicity data from surveillance data. The majority of case reports originate from laboratories, a group which does not routinely collect data on race/ethnicity. Further, some managed care organizations and other health care service providers do not routinely record race/ethnicity of patients. The observed racial/ethnic disparities may reflect true differences in the infection rates, differential access to health care, and/or reporting practices of different types of providers that serve different populations.

Rates for congenital syphilis were calculated using State of California, Department of Health Services, Vital Statistics Section*, Live Births by Race/Ethnic Group of Mother, California Counties and Selected City Health Departments, California, 2002 (By Place of Residence)*.

Prevalence monitoring for chlamydia and gonorrhea is primarily conducted in family planning and STD clinics. The Centers for Disease Control and Prevention (CDC) began funding prevalence monitoring projects in Region IX (California, Nevada, Arizona, Hawaii, and the six U.S. Pacific Trust Territories) in 1995. The chlamydia prevalence data for California comes from three project areas: San Francisco, Los Angeles, and the California Project Area (CPA), which includes the remaining health jurisdictions in California. In 2002, California collected chlamydia and gonorrhea testing data from 30 family planning clinics and 14 STD clinics.

Prevalence monitoring for chlamydia and gonorrhea is also conducted in managed care settings. Since 1999, Kaiser Permanente Northern California (KPNC) has participated in electronic transmissions of data to the CDHS as part of the Public Health Improvement Project (PHIP). Through a data transmission protocol that removes patient identity, KPNC provided the chlamydia and gonorrhea testing data for all patients tested in 2002.

Prevalence monitoring data for juvenile hall facilities also comes from the Chlamydia Screening Project (ClaSP), which provides chlamydia screening for high-risk adolescents at entry into juvenile detention facilities through partnerships between juvenile justice and local health department STD control programs. Data on chlamydia and gonorrhea testing comes from a standardized data collection form used in all participating sites.

California data from the national Gonococcal Isolate Surveillance Project (GISP) are presented as an indicator of antimicrobial resistance in a sample of *Neisseria gonorrhoeae* isolates. Every month, sentinel site STD clinics in Long Beach, Orange, San Diego, and San Francisco health jurisdictions are asked to submit the first 25 gonococcal isolates from male urethral specimens. Because of decreasing rates of culture testing for gonorrhea, there may be fewer than 25 isolates per month in a given site. Thus, fewer specimens are actually submitted for antimicrobial resistance testing.

The source of national STD data presented is the Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2002*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2003. The source for chlamydia prevalence monitoring is Centers for Disease Control and Prevention,

Sexually Transmitted Disease Surveillance 2002 Supplement, Chlamydia Prevalence Monitoring Project. Atlanta, Georgia: U.S. Department of Health and Human Services, October 2003. The U.S. Year 2000 Goals are from *Healthy People 2000 Midcourse Review and 1995 Revisions,* pages 256-259. The U.S. Year 2010 Goals are from *Healthy People 2010*, Volume II (2nd edition), Focus Area 25 (Sexually Transmitted Diseases).

Readers should observe caution when interpreting rates based on few events and/or small populations. For more information, refer to G*uidelines for statistical analysis of public health data with attention to small numbers, Revised, July, 2003*. This publication can be found at http://www.ucsf.edu/fhop/docs/guides/smallnumbers2003.pdf.

For chlamydia, gonorrhea, and primary and secondary syphilis trends at the local health jurisdiction level, please refer to the California Local Health Jurisdiction STD Data Summaries found at http://www.dhs.ca.gov/ps/dcdc/STD/datayears.htm.

CHLAMYDIA IN CALIFORNIA

Surveillance for chlamydia in California includes both case-based surveillance and prevalence monitoring of chlamydia positivity in sentinel sites across health care settings and venues. This two-pronged approach to chlamydia surveillance recognizes that most chlamydia infections are asymptomatic and case detection is dependent on screening levels.

Case-based surveillance enables monitoring of incident chlamydia infections across the state. However, access to testing may vary by demographic characteristics and local health jurisdiction. Furthermore, chlamydia incidence based on reported cases underestimates the true incidence, due to incomplete screening coverage of at-risk populations, under-reporting of infections by medical and laboratory providers, and presumptively treated infections that are not confirmed by testing.

Chlamydia prevalence monitoring allows assessment of chlamydia prevalence in health care settings with defined screening protocols, consistent collection of high-quality data, measurement of chlamydia and gonorrhea co-infection, and evaluation of the impact of targeted primary and secondary prevention efforts over time. However, it is important to note that data from prevalence monitoring activities come from a sample of selected venues serving diverse populations throughout the state.

Case-Based Chlamydia Surveillance — Overview

In 2002, chlamydia was the most common reportable communicable disease in California, with 110,356 reported cases and a rate of 312.6 per 100,000 population (Table 1). Chlamydia cases accounted for the majority of reported STD cases in the state.

Case-Based Chlamydia Surveillance — California versus United States

California chlamydia morbidity accounted for approximately 13 percent of the reported chlamydia cases in the United States for 2002. Comparison of California and national rates during the period 1990 to 2002 indicated concurrent rises in chlamydia rates from 1995 to 1999. However, in 2000, chlamydia rates in California surpassed those for the United States, and California rates continued to exceed the national rates in 2002 (Figure 4). Increasing rates may be due to expansion of screening programs across diverse health care settings, as well as increased availability of more sensitive diagnostic tests using nucleic acid amplification.

Case-Based Chlamydia Surveillance — Geographic Distribution

The 2002 chlamydia data by local health jurisdiction indicated substantial differences across the state (Figure 5). The highest rates per 100,000 population were reported in the following local health jurisdictions: Fresno (577.6), Long Beach (427.8), San Francisco (423.7), Kern (411.6), Tulare (403.9), San Joaquin (388.3), Los Angeles (383.6), Kings (373.4), and Sacramento (363.4) (Table 2). On a regional basis, the Central Valley and southern regions extending from Sacramento to Imperial had the highest rates (greater than 200 per 100,000). Differences in chlamydia rates by local

health jurisdictions may reflect true differences in chlamydia morbidity, differential access to medical care and chlamydia testing, and patterns of reporting by providers.

In addition, chlamydia incidence is affected by the proportion of the population comprising the age groups with the highest chlamydia rates: adolescents and young adults. When 2002 case incidence was calculated for females in the 15- to 24-year-old age group, jurisdictions with the highest incidence per 100,000 included Fresno (4,154.6), San Francisco (3,320.1), Kings (3,232.0), Kern (3,060.8), San Joaquin (3,012.7), and Sacramento (3,002.7) (Table 4).

When the 2002 chlamydia data were compared with 2001 data, increases in the numbers and rates of reported cases were evident for the majority of health jurisdictions (Table 2).

Case-Based Chlamydia Surveillance — Gender

The 2002 data continue to demonstrate large differences by gender that likely reflect differential access to and utilization of chlamydia testing by females versus males. There may also be differential acquisition and transmission rates by gender that contributed to gender differences in case rates. From 1990 to 2002, chlamydia rates for females were consistently about three times higher than rates for males (Figure 6). In 2002, the female chlamydia rate was 456.1 per 100,000 compared with the male rate of 158.0 (Table 3).

Females have more opportunities than do males to access health care through routine Pap smear screening, family planning services, and other services related to reproductive health care. In addition, although the majority of chlamydia infections in males are asymptomatic, there are no guidelines for screening asymptomatic males. However, the expansion of urine-based screening, particularly in those health care settings where males receive care, may ultimately increase chlamydia case detection among males. Improvement in partner notification strategies to test and treat male contacts of female chlamydia cases may also further reduce the gender disparities in case rates.

Case-Based Chlamydia Surveillance — Age

The case-based chlamydia surveillance data by age have consistently shown the highest rates to be among adolescents and young adults. Prior to 1999, the highest rates were among females in the 15- to 19-year-old age group; however, the 1999 through 2002 data consistently showed the highest rates to be among females in the 20- to 24-year-old age group (2,509.8 per 100,000 in 2002) (Figure 7, Table 3). Although male rates were lower, the age trends were similar to those for females, with the highest rates also among the 20- to 24-year-old age group (761.7) and the 15- to 19-year-old age group (448.9) (Table 3).

Increases in the chlamydia rates for adolescent and young adult groups have been seen since 1990 and may reflect increases in screening for these higher risk groups in

accordance with CDC and other national screening guidelines.[1] The high chlamydia rates seen in these younger age groups underscore the need for continued screening based on age. Increased access to and utilization of health care may enable higher screening rates in these age groups. The greater acceptance of non-invasive, urine-based screening may also facilitate significant expansion of screening to non-traditional test settings and, therefore, improve case finding.

Case-Based Chlamydia Surveillance — Race/Ethnicity

Consistent with patterns seen since 1990, the 2002 data indicated that African American chlamydia rates were higher (634.7 per 100,000) than rates for Latinos (330.3), Native Americans (166.8), Asian/Pacific Islanders (102.8), and non-Latino whites (77.5) (Figure 8, Table 3). During this time period, larger increases in rates among African Americans resulted in a widening of the disparity in case rates between African Americans and other racial/ethnic groups; however, in the past few years, this disparity seems to be leveling off. Observed racial/ethnic disparities may be due to differential access to health care, patterns of sexual behavior, prevalence of infection in core transmission groups, and reporting practices of different types of providers.

See the race/ethnicity portion of the Data Sources section of this document for limitations on collection of race/ethnicity data.

Chlamydia Prevalence Monitoring

Chlamydia prevalence monitoring is based on chlamydia testing data from a variety of health care settings that perform chlamydia screening. These clinics include STD clinics, family planning clinics, managed care plans, and juvenile hall settings, and cover a diverse range of populations at risk for chlamydia infection. Test positivity at each site was calculated by dividing the total number of positive tests for chlamydia (numerator) by the total number of chlamydia tests (denominator) and is expressed as a percentage. Crude positivity may include multiple tests per person. Thus, test positivity can be considered an estimate of the true prevalence.[2]

Overall, among females aged 15 to 19 years positivity was highest among those attending STD clinics (22.0 percent), followed by those tested in juvenile hall (14.5 percent). Females attending managed care organizations, family planning clinics, college sites, teen clinics, and school-based sites had substantially lower positivity rates (Figure 9, Table 5).

[1] Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2002. Morbidity and Mortality Weekly Report 2002;51 (No. RR-6):[32].
[2] Dicker LW, Mosure DJ, Levine WC. Chlamydia positivity versus prevalence: what's the difference? Sex Transm Dis 1998;25:251-3.

Chlamydia Prevalence Monitoring — Family Planning Clinics

In 2000, the Healthy People 2010 objective revised the prevalence goal to be no more than three percent for females 15 to 24 years of age attending family planning clinics.[3] Chlamydia positivity in females aged 15 to 24 years in family planning sites decreased from 6.5 percent in 2001 to 6.1 percent in 2002, but still remains more than twice the 2010 objective (Figure 10, Table 7). The 2002 data also indicated that 62.6 percent of all female cases were asymptomatic (Table 6).

Analysis of the 2002 family planning prevalence monitoring data by gender showed substantial differences, with males having a higher positivity (10.2 percent) compared to that for females (4.1 percent) (Table 7). These differences were evident across age groups and racial/ethnic groups, and probably reflect the utilization of family planning services by symptomatic males or males who were identified as contacts to family planning female chlamydia cases. The positivity in symptomatic groups is typically higher than among the asymptomatic groups and is not representative of chlamydia prevalence among males in general.

Analysis of chlamydia positivity data by racial/ethnic group in family planning settings demonstrated similar, although less striking, racial/ethnic disparities compared to those seen in the case-based data: African Americans had positivity rates approximately two-fold higher than those for non-Latino whites (Table 7).

Chlamydia Prevalence Monitoring — STD Clinics

The Healthy People 2010 objective targets the reduction of the prevalence of chlamydia infections to no higher than three percent for both females and males 15 to 24 years of age attending STD clinics.[3] In 2002, the female and male chlamydia positivity rates for this age group were more than five times the objective, at 16.4 percent and 15.8 percent, respectively (Figures 11-12, Table 8). Among females, 57.6 percent of cases were reported as asymptomatic, while 55.3 percent of male cases were asymptomatic (Table 6). The highest age-specific rates in 2002 were in the adolescent and young adult age groups (younger than 25 years): 16.5 percent among females and 15.8 percent among males (Table 8). Racial/ethnic differences in chlamydia positivity were also apparent in STD clients, in that non-white groups had chlamydia positivity rates approximately double those among non-Latino whites. These disparities were particularly striking in the adolescent and young adult age groups. A note should be made that more than 48 percent of the tests performed were of “Other/Mixed/Unknown” race/ethnicity and that the positivity in this group was also relatively high, at 12.2 percent (Table 8).

[3] U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

Chlamydia Prevalence Monitoring — Juvenile Hall Facilities

Chlamydia positivity rates in juvenile halls tend to be as high as or higher than rates from STD clinics. Chlamydia screening of these populations is an important control strategy for the community as a whole.

The positivity among females (14 percent) was higher than among males (5.3 percent), a pattern that has been consistent since 1996 (Figure 13, Table 9). The age trends among juvenile detainee cases indicated the highest rates to be among the 15- to 19-year-olds for females (14.5 percent) and 17- to 19-year-olds for males (7.2 percent). These differences in positivity for female versus male cases were consistent with patterns seen in the case-based surveillance. In addition, racial/ethnic disparities found in case-based surveillance data were also apparent to some degree in the positivity data for this population: African Americans had higher rates (10.3 percent) than did non-Latino whites (4.3 percent) (Table 9).

Chlamydia Prevalence Monitoring — Managed Care

While the overall positivity in 2002 for female patients tested in 33 KPNC facilities was relatively low (2.7 percent), age-specific chlamydia rates demonstrate trends similar to those seen in case-based surveillance, in that the prevalence was highest among the younger age groups (Figure 14, Table 10). In managed care, chlamydia positivity was highest among females aged 15 to 19 years, at 5.2 percent, and lower among the 20- to 24-year-old age group, at 3.2 percent. Females 25 years and older had significantly lower positivity, at less than two percent. Approximately three-quarters of the cases for KPNC were in the younger age groups.

Chlamydia testing among males in KPNC constituted approximately ten percent of total testing and probably represents diagnostic testing of symptomatic males. Consequently, the higher overall rates seen in males (6.2 percent) versus females (2.7 percent) were not representative of screening of asymptomatic males (Table 10).

GONORRHEA IN CALIFORNIA

Surveillance for gonorrhea in California comprises case-based surveillance and prevalence monitoring in sentinel sites located in various clinic settings (e.g., family planning, STD, managed care) and non-clinical settings (e.g., juvenile halls, mobile clinics). See the Data Sources section for detailed information about the collection of these data. While case-based reporting enables monitoring of incident gonorrhea infections, it is dependent on screening of at-risk populations, which may vary significantly by geography and health care setting. Many gonorrhea infections, especially in females, are asymptomatic and detectable only through screening. Untreated gonococcal infection is associated with adverse reproductive health consequences in both females and males. In addition, infections in pregnant females can lead to serious perinatal complications. Monitoring for antimicrobial resistance is conducted in California as part of the GISP.

Case-Based Gonorrhea Surveillance — Overview

Gonorrhea is currently the second most common reportable communicable disease in California. In 2002, California received a total of 24,625 reports of gonorrhea cases, for an incidence of 69.8 per 100,000 population (Table 1).

Because of incomplete screening of at-risk populations, under-reporting of infections by medical and laboratory providers, and presumptively treated infections that are not laboratory confirmed, the case-based incidence underestimates the true incidence.

Case-Based Gonorrhea Surveillance — California versus United States

California gonorrhea morbidity accounted for seven percent of all gonorrhea cases reported in the United States. Incidence rates for gonorrhea declined significantly between 1985 and 1999 in both California and the United States (Figure 16). However, California rates increased between 1999 and 2002. Nevertheless, rates in California in 2002 remain well below those reported nationally (69.8 versus 125.0 per 100,000 population, respectively). In 2000, the Healthy People 2010 objective revised the gonorrhea incidence rate to fewer than 19 cases per 100,000;[4] the incidence rate in California was more than 3.6 times that objective in 2002.

Case-Based Gonorrhea Surveillance — Geographic Distribution

Within California, 52 percent (32/61) of health jurisdictions had a gonorrhea incidence above the Healthy People 2010 goal of fewer than 19 cases per 100,000 population.[4] The highest rates per 100,000 population were reported in the following health jurisdictions: San Francisco (270.4), Alameda (137.7), Fresno (130.4), Long Beach (118.5), Kern (116.9), Sacramento (111.1), Berkeley (107.9), and San Joaquin (106.5) (Figure 17, Table 11). Health jurisdictions with no gonorrhea cases reported in 2002 included Alpine, Modoc, Mono, Plumas, and Sierra. Differences in gonorrhea rates

[4] U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

among local health jurisdictions may reflect true differences in the infection rates, differential access to medical care, screening practices, and reporting by providers.

When case incidence is calculated for females 15 to 24 years old, jurisdictions with the highest incidence include Alameda (721.1), Fresno (646.6), San Francisco (639.2), Sacramento (621.1), Kern (555.3), and San Joaquin (501.4) (Table 13).

Case-Based Gonorrhea Surveillance — Gender

From 1991 to 1999, gonorrhea incidence declined substantially among both males and females, but has increased each year from 2000 through 2002 (Figure 18). In 2002, among males the incidence of gonorrhea was 75.6, and among females the incidence was 60.9 per 100,000 population (Table 12). Of note, there was a sharper increase in the male incidence of gonorrhea in 1999–2000 than in 2000–2001 or 2001–2002 (Figure 18). The gender disparity decreased substantially between 1990 and 1996, and then increased between 1999 and 2000. In 2002, the difference between genders remained relatively stable. Currently, gonorrhea cases among females represent 44.1 percent of total cases in California.

Case-Based Gonorrhea Surveillance — Age

In 2002, rates of gonorrhea increased among males and females in all age groups, except males aged 10 to 14 and females aged 10 to 19 (Figures 19-20). In 2002, gonorrhea incidence was highest among females in the 15- to 19-year-old age group (302.2 cases per 100,000), followed by that in the 20- to 24-year-old age group (292.5) (Figures 2, 20, Table 12). Cases among females in the 15- to 24-year-old age group made up 64.3 percent of total female cases. The peak age group among males was 20 to 24 years old (255.0) (Figure 19).

Case-Based Gonorrhea Surveillance — Race/Ethnicity

In 2002, rates of gonorrhea increased among males and females in all racial/ethnic groups (Figures 21-22). Consistent with a pattern seen since 1990, the 2002 data indicate that the gonorrhea incidence among African Americans was over 13 times higher than that among non-Latino whites (Figures 3, 21-22). Among Latinos, gonorrhea incidence was two-thirds higher than that of non-Latino whites. In 2002, African Americans had gonorrhea rates that were substantially higher (293.7 per 100,000) than rates for Latinos (38.6), Native Americans (30.2), non-Latino whites (22.3), and Asian/Pacific Islanders (13.1) (Table 12).

See the race/ethnicity portion of the Data Sources section of this document for limitations on collection of race/ethnicity data.

Gonorrhea Prevalence Monitoring

Gonorrhea prevalence monitoring is based on gonorrhea testing data from a variety of health care settings that perform gonorrhea screening. See the Chlamydia Prevalence Monitoring section for a description of the collection of these data.

Gonorrhea Prevalence Monitoring — Family Planning Clinics

Based on 2002 data from participating family planning clinics, the overall gonorrhea positivity among females seeking family planning services was 0.7 percent (Figure 23, Table 14). The gonorrhea positivity was higher among females younger than 20 years of age (1.1 percent) than among females 20 years of age and older (0.6 percent) (Figure 24, Table 17).

In family planning settings, the proportion of gonorrhea cases among females that were co-infected with chlamydia was 33.2 percent (Table 15). According to the CDC, routine dual therapy without testing for chlamydia can be cost-effective for populations in which chlamydial infection accompanies 10 to 30 percent of gonococcal infection.[5] The high rate of co-infection in family planning settings clearly indicates the need to continue to co-treat cases of gonorrhea to cover chlamydial infection.

Gonorrhea Prevalence Monitoring — STD Clinics

Based on 2002 data from STD clinics, the overall gonorrhea positivity among females seeking care at STD clinics was 2.7 percent (Figures 23, 25, Table 14). Positivity was higher among females younger than 20 years (5.9 percent) than among females 20 years of age and older (2.1 percent) (Table 17). In 2002, the overall gonorrhea positivity among males attending STD clinics was 4.9 percent (Figures 23, 25, Table 17). Gonorrhea positivity for both females and males seeking care at STD clinics is high, relative to that for other health care settings, because these patients are more likely to have genitourinary symptoms and/or high-risk behaviors.

In STD clinic settings, the proportion of gonorrhea cases that were co-infected with chlamydia was 34.1 percent among female cases and 20.6 percent among male cases (Tables 15-16). This high rate of co-infection reinforces the need to co-treat cases of gonorrhea for chlamydial infection in this setting.

Gonorrhea Prevalence Monitoring — Juvenile Hall Facilities

In 2002, the gonorrhea positivity among females in juvenile hall facilities was 4.4 percent, whereas among males in juvenile hall facilities, gonorrhea positivity was 1.4 percent (Figures 23, 26, Table 14).

In juvenile hall settings, the proportion of gonorrhea cases that were co-infected with chlamydia was 57.4 percent among female cases and 55.9 percent among male cases (Tables 15-16).

Gonorrhea Prevalence Monitoring — Managed Care

Based on KPNC data from 33 facilities, the overall gonorrhea positivity among females was 0.4 percent (Figure 23, Table 14). Among females aged 15 to 19 years, the gonorrhea positivity was 1.0 percent (Figure 27, Table 17). Although the positivity

[5] Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2002. Morbidity and Mortality Weekly Report 2002;51 (No. RR-6).

among females under 15 years of age was high, this group is not regularly screened and may represent a more selectively tested or symptomatic population.

The overall gonorrhea positivity among males was 4.4 percent. Since there are no established screening guidelines for asymptomatic males in this setting, testing in males constituted only nine percent of gonorrhea testing volume. This rate of positivity may be more representative of the infection rate among symptomatic males.

Gonococcal Isolate Surveillance Project (GISP)

Although specimens are tested for resistance to penicillin and tetracycline, only clinically relevant data are presented here. In 2002, the recommended antibiotic treatment for gonorrhea in California was changed to include only cefixime and ceftriaxone (due to the rise of fluoroquinolone-resistant gonorrhea cases, fluoroquinolones are no longer first-line agents).[6]

Of the 804 specimens analyzed in 2002, 87 (10.8 percent) were resistant to ciprofloxacin (minimum inhibitory concentration (MIC) $\geq$ 1.0 μg/ml), and 33 (4.1 percent) had decreased susceptibility to ciprofloxacin (MIC 0.125 – 0.50 μg/ml) (Figure 29, Tables 18-19). No specimens exhibited decreased susceptibility or resistance to cefixime or ceftriaxone (Table 18).

Since 1998, the percent of ciprofloxacin resistance has increased from 0.2 percent to 10.8 percent (Figure 29, Table 18). In 2002, 68 of 521 (13.1 percent) isolates submitted by the three Southern California sites (Long Beach, Orange County, and San Diego) were ciprofloxacin-resistant, and 19 of 283 (6.7 percent) isolates submitted by San Francisco were ciprofloxacin-resistant (Table 18).

Isolates obtained from men who have sex with men (MSM) constituted an increasing proportion of total isolates from 1990 through 2001, as well as in two of the four sentinel sites (San Diego and San Francisco) in 2002 (Figure 28). This observation may indicate a continued high burden of disease in this community or may reflect differential patterns of medical careseeking at the participating GISP sites.

[6] Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2002. Morbidity and Mortality Weekly Report 2002;51 (no. RR-6).

SYPHILIS IN CALIFORNIA

California continued to experience an increase in primary and secondary (P&S) syphilis cases in 2002, with 1,044 cases reported (Table 1). This is the third consecutive year of increases in reported cases since a low of 284 P&S syphilis cases in 1999. This increase was primarily due to outbreaks among MSM throughout all regions of California (Figures 31-32). These outbreaks are a concern because of the high percentage of HIV co-infection (Figure 33).

As part of California's syphilis control efforts, an enhanced case-based surveillance system was established in 1999, allowing for the systematic collection of behavioral and clinical measures associated with syphilis incidence. For further information regarding the epidemiology of syphilis in California, please reference the syphilis reports on the STD Control Branch website at http://www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm.

Case-Based Syphilis Surveillance — Overview

In California, reactive serologic tests for syphilis (STS) and positive darkfield microscopy results are reported to local health jurisdictions by medical providers and laboratories. Cases with symptoms of early syphilis are also reported to local health jurisdictions through CMRs submitted by providers. Local and state field staff investigate all women of child-bearing age with a reactive STS and all male and female likely infectious syphilis cases based on STS titer, age, and past history. Epidemiologic and case management information is then collected on standardized forms after cases are interviewed. Additional information on data sources can be found at the beginning of this report.

Syphilis cases are staged in accordance with the CDC standard case definitions.[7]

P&S and early latent stages of syphilis are considered infectious, with primary syphilis infections (and secondary to a lesser degree) having the highest likelihood of transmission. Because of this higher likelihood of transmission, greater epidemiologic relevance, and the potential for misclassification of early latent syphilis (unrecognized primary lesions or secondary symptoms), this report will focus primarily on P&S syphilis.

Case-Based Syphilis Surveillance — California versus United States

In 2002, 1,044 cases of P&S syphilis were reported in California (3.0 per 100,000 population) (Table 1). In the United States, 6,862 cases of P&S syphilis were reported (2.4 per 100,000 population) (Figure 35). The P&S syphilis rate in California was higher than the national average for the first time since 1990. California accounted for 15.2 percent of all U.S. cases in 2002, an increase from 8.9 percent in 2001 and 5.5 percent in 2000. In 2000, the Healthy People 2010 objective revised the P&S syphilis incidence rate to fewer than 0.2 cases per 100,000;[8] the California rate was 15 times that objective in 2002.

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[7] Centers for Disease Control and Prevention, Case definitions for infectious conditions under public health surveillance. Morbidity and Mortality Weekly Report 1997;46 (No. RR-10)

[8] U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

Case-Based Syphilis Surveillance — Geographic Distribution

The distribution of P&S syphilis varies throughout California (Figure 36). In 2002, 22 of 61 (36 percent) health jurisdictions reported more than two P&S syphilis cases (Table 20). Fifty-one percent of health jurisdictions reported no P&S syphilis in 2002. Over three-fourths of the total P&S syphilis morbidity for the state was reported from four health jurisdictions: Los Angeles (35.0 percent), San Francisco (30.2 percent), Riverside (5.5 percent), and Alameda (4.9 percent).

Case-Based Syphilis Surveillance — Gender

Although male P&S syphilis rates decreased throughout most of the past decade, they have increased each year starting in 2000, to 5.6 in 2002, twice that of 2001 and the highest rate since 1992 (Figure 37, Table 21). This is the fourth consecutive year of increases among males. Female rates have declined from 11.7 in 1990 to 0.2 in 2002. The P&S male-to-female rate ratio has more than doubled in consecutive years from 2.4:1 in 1999 to 5.3:1 in 2000 to 14.0:1 in 2001 and 28.0:1 in 2002.

Case-Based Syphilis Surveillance — Age

In California, adults are most affected by P&S syphilis (Figures 2, 38-39, Table 21). In 2002, the highest P&S syphilis rates were among those in the 35- to 44-year-old age group. Nearly half of female P&S syphilis cases in 2002 occurred in women 35 years of age and older, while two-thirds of male cases occurred in this age group.

Case-Based Syphilis Surveillance — Race/Ethnicity

As in previous years, P&S syphilis disproportionately affected African Americans in 2002 (Figures 3, 40-41, Table 21). Although African American males had the highest P&S syphilis rate of 8.8 in 2002, the African American to white ratio for males decreased by half to 1.3:1 in 2002 from 2.6:1 in 2001. This decrease in the ratio was largely due to an increase in cases among non-Latino white males, to 6.6 (per 100,000) in 2002 from 2.7 in 2001. Among Asian, Latino, and Native American males, P&S rates in 2002 also increased in comparison to 2001 (Figure 40).

Case-Based Syphilis Surveillance — Venues

As part of the enhanced surveillance system implemented in 2000, data on venues where cases report meeting sex partners are collected. Three venues commonly reported by MSM P&S syphilis cases were the Internet, bathhouses, and sex clubs. In California, bathhouses were distinguished from sex clubs by the presence of private rooms with doors. In the second half of 2002, 27.8 percent of California's MSM P&S cases reported using the Internet, an increase from 19 percent reported in the second half of 2001 (Figure 34). Since 2002, the Internet has become more commonly reported than bathhouses and sex clubs. Additional venue data is available in the syphilis quarterly reports at http://www.dhs.ca.gov/ps/dcdc/STD/mqreports.htm, as well as in the syphilis weekly updates (please obtain the website and log-in password through your local STD Controller).

Congenital Syphilis Surveillance

Trends in congenital syphilis morbidity follow those of adult female P&S syphilis (Figure 44). As P&S syphilis rates declined in the state during the early 1990s, congenital syphilis rates similarly declined. The rate of congenital syphilis in California was 113.5 per 100,000 live births in 1990 and has declined dramatically to 9.3 in 2002 (Figure 44, Table 1). In 2000, the Healthy People 2010 objective revised the congenital syphilis incidence rate to fewer than one case per 100,000 live births;[9] California's incidence rate was over nine times that objective in 2002.

Racial/ethnic trends of congenital syphilis mirror those of adult P&S syphilis. Infants of African American and Latina females are disproportionately affected by congenital syphilis, with the rate in African Americans (26.8 per 100,000 live births) 11 times that of non-Latina whites (2.5). The rate in Latinas (12.9) was greater than five times that of non-Latina whites (Figures 45-46, Table 26).

[9] U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

OTHER SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

Case-Based Surveillance for Other STDs

State surveillance for PID, NGU, and chancroid in California consists of case-based surveillance. See the Data Sources section for a description of the data collection system.

Case-Based Pelvic Inflammatory Disease Surveillance

In 2002, 1,459 cases of PID were reported, for an incidence of 8.2 per 100,000 females (Table 27). Either gonorrhea or chlamydia may cause PID. The diagnosis often is based on clinical findings; these findings may or may not be confirmed through laboratory testing. Thus, case-based surveillance is likely to substantially underestimate the actual incidence of PID.

Case-Based Non-Gonococcal Urethritis Surveillance

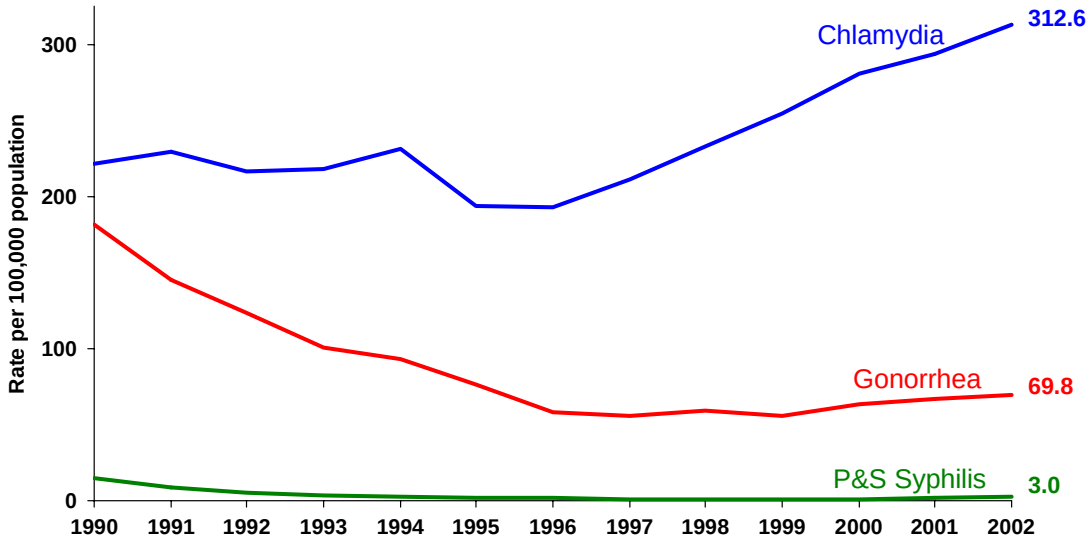
In 2002, 4,248 cases of NGU were reported, for an incidence of 23.6 per 100,000 males (Table 28). NGU can be caused by chlamydia and other sexually transmitted bacteria and protozoa. The diagnosis of NGU is generally based on clinical findings, along with point-of-care confirmation of urethral inflammation (e.g., urine leukocyte esterase and/or microscopy). These findings may or may not be confirmed through laboratory testing. Thus, case-based surveillance is unreliable and likely underestimates the true incidence of disease.

Case-Based Chancroid Surveillance

In California, chancroid is a rare cause of genital ulcer disease, with few cases of chancroid reported over the past five years. In 2002, only two cases of chancroid were reported in a single California county, Tulare (Table 29).

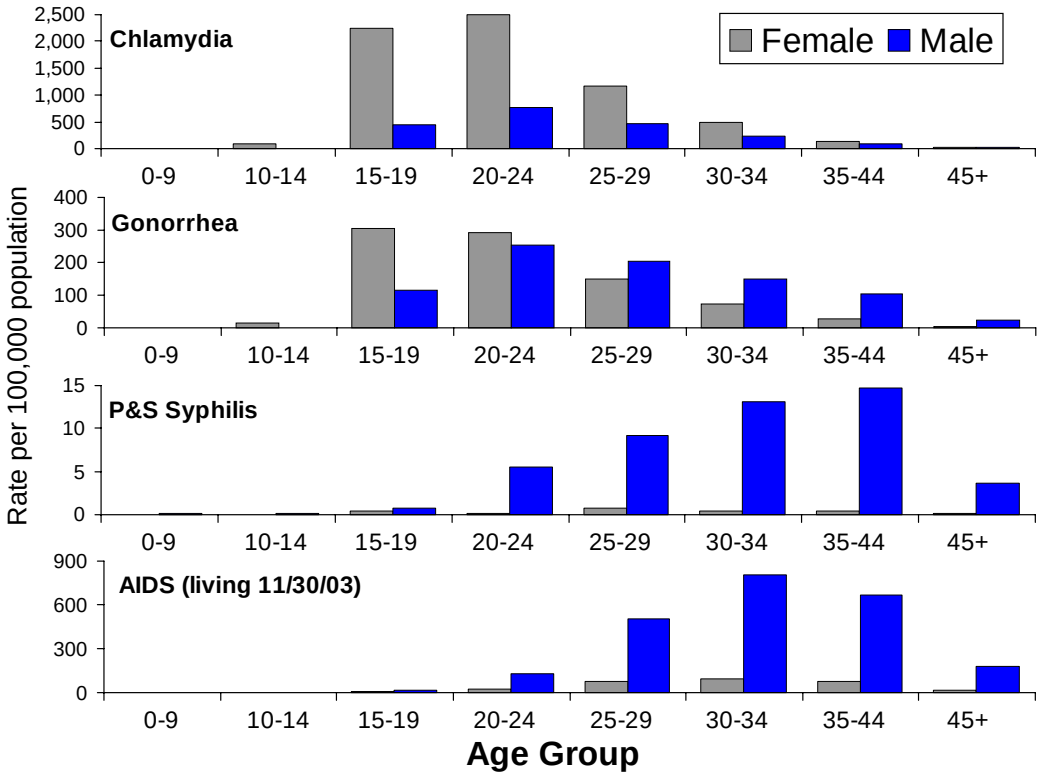
FIGURES

Figure 1. Chlamydia, Gonorrhea, and Primary & Secondary Syphilis, California Rates, 1990–2002



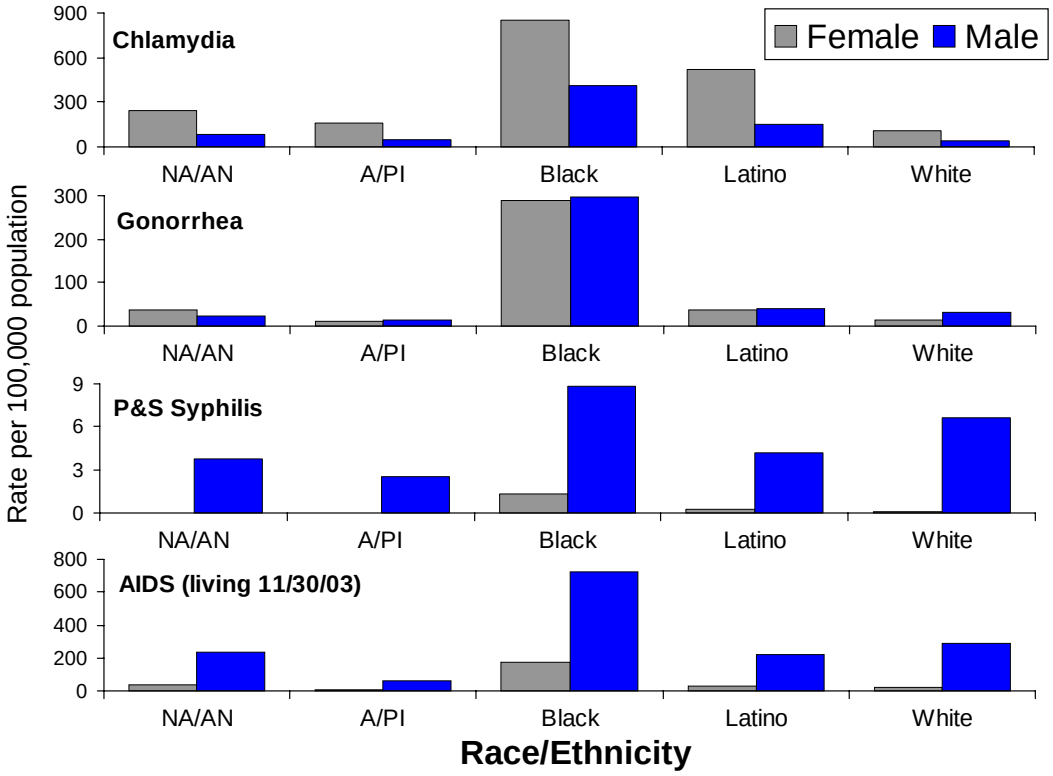
Source: California Department of Health Services, STD Control Branch

Figure 2. Rates of Chlamydia, Gonorrhea, Primary & Secondary Syphilis, and AIDS by Age Group and Gender, California, 2002



Source: California Department of Health Services, STD Control Branch
California Department of Health Services, Office of AIDS

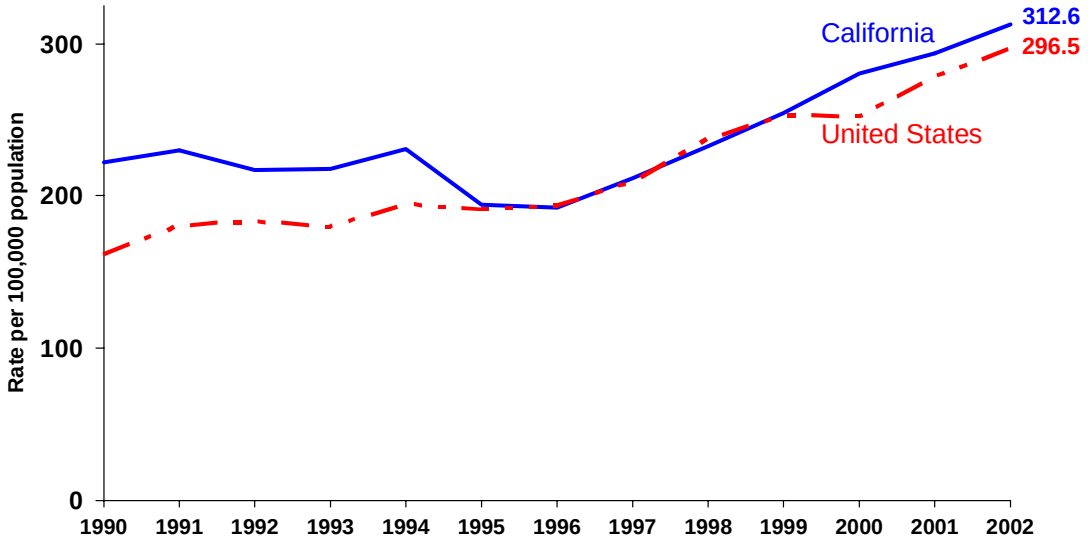
Figure 3. Rates of Chlamydia, Gonorrhea, Primary & Secondary Syphilis, and AIDS by Race/Ethnicity and Gender, California, 2002



Source: California Department of Health Services, STD Control Branch
California Department of Health Services, Office of AIDS

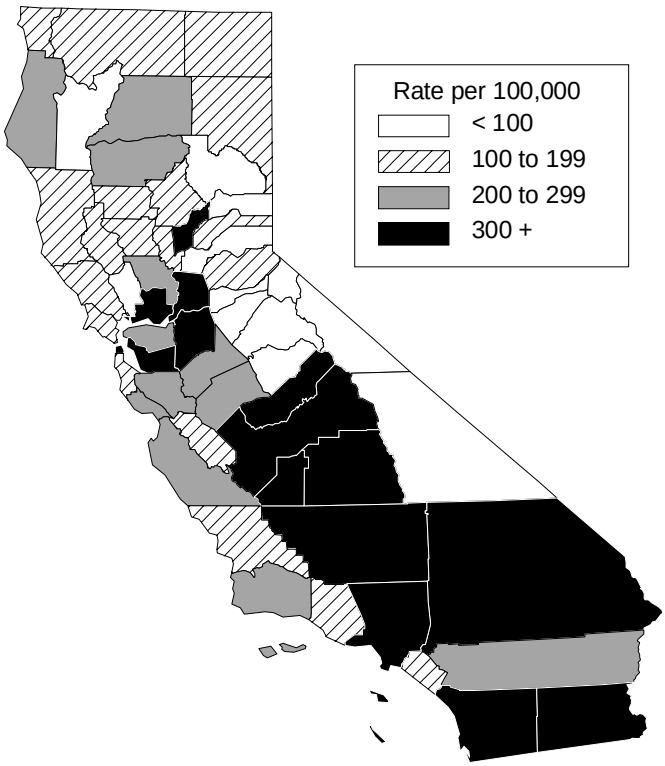
CHLAMYDIA

Figure 4. Chlamydia, California vs. United States Rates, 1990–2002



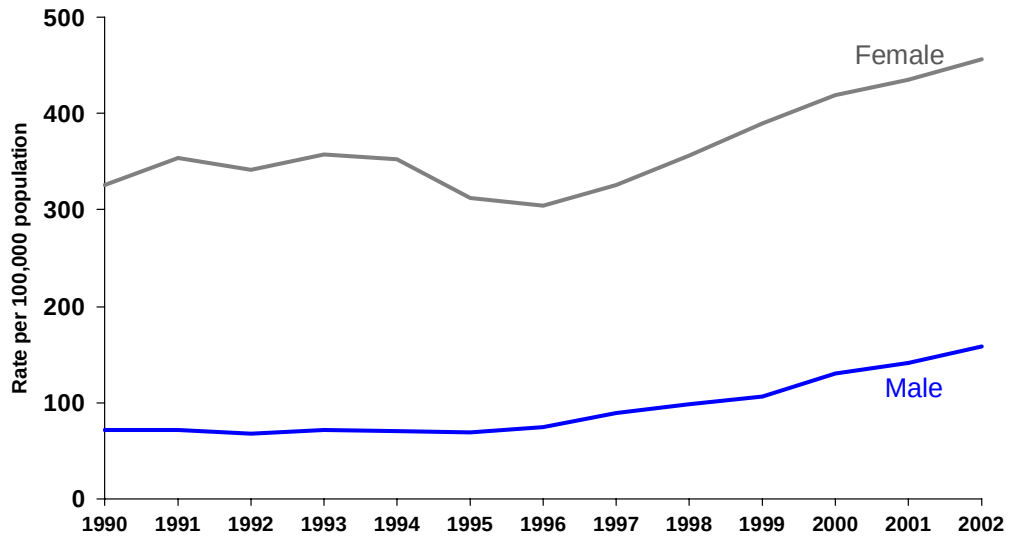
Source: California Department of Health Services, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2002*. Atlanta, GA: U.S. Department of Health and Human Services, September 2003, Table 1

Figure 5. Chlamydia, Rates by County, California, 2002



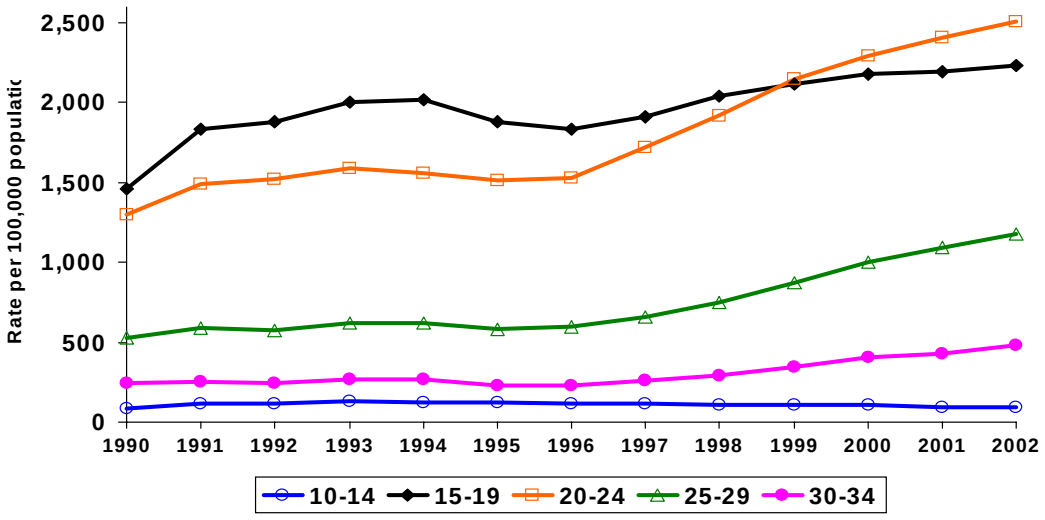
Source: California Department of Health Services, STD Control Branch

Figure 6. Chlamydia, Rates by Gender, California, 1990–2002



Source: California Department of Health Services, STD Control Branch

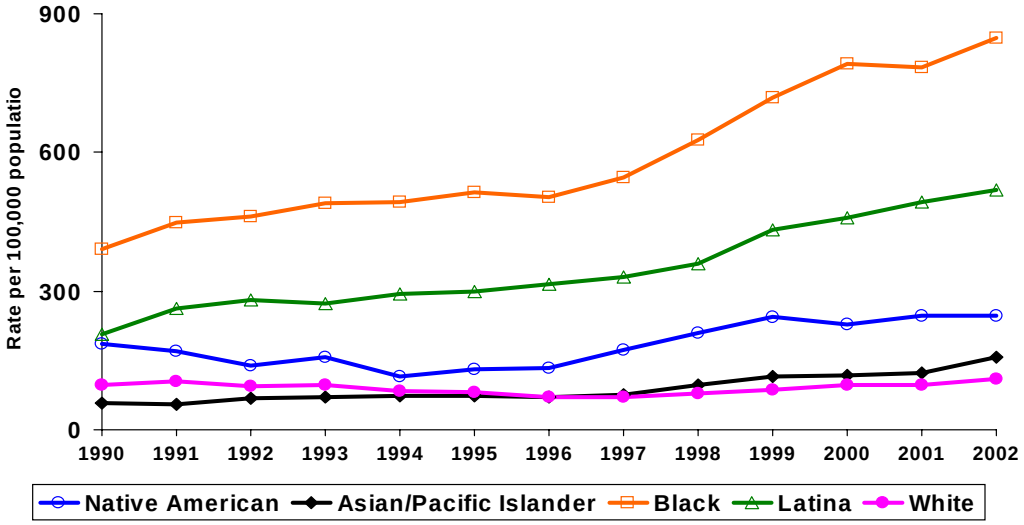
Figure 7. Chlamydia, Rates for Females by Age Group, California, 1990–2002



Note: Age "Not Specified" ranged from 0.6% to 8.3% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

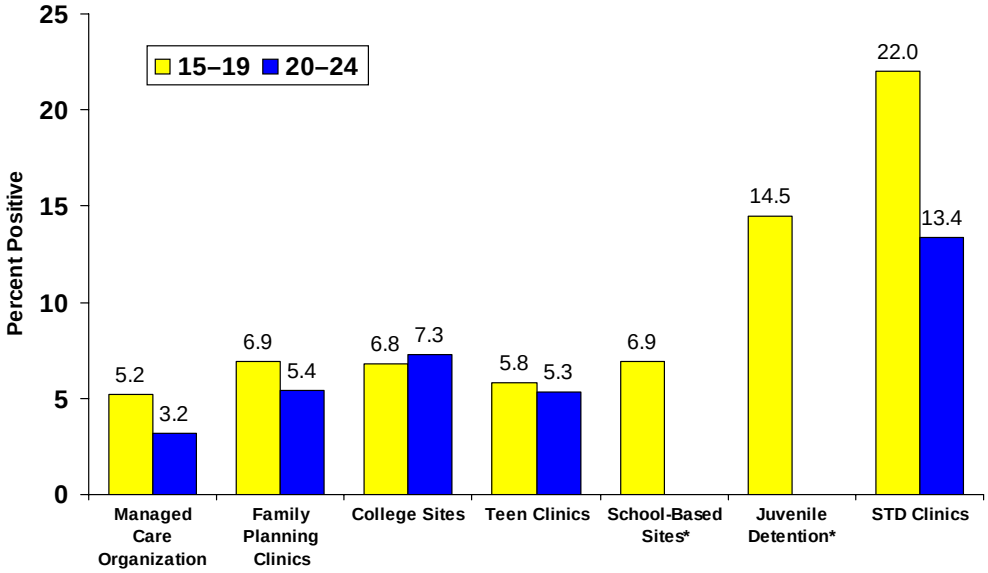
Figure 8. Chlamydia, Rates for Females by Race/Ethnicity, California, 1990–2002



Note: Race/ethnicity "Not Specified" ranged from 36.0% to 56.3% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

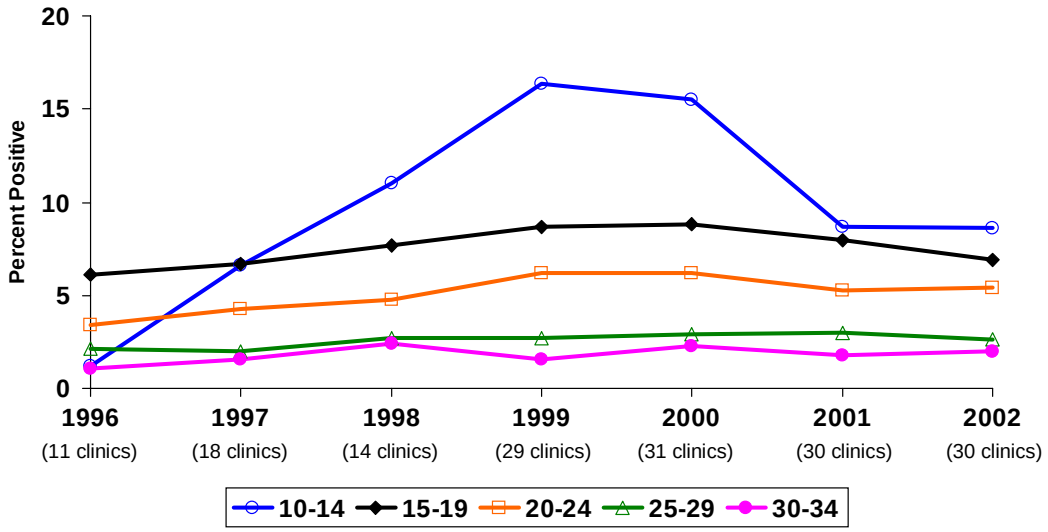
Figure 9. Chlamydia Prevalence Monitoring, Percent Positive for Females Ages 15–19 and 20–24 by Health Care Setting, California, 2002



* These two venues target adolescents primarily.

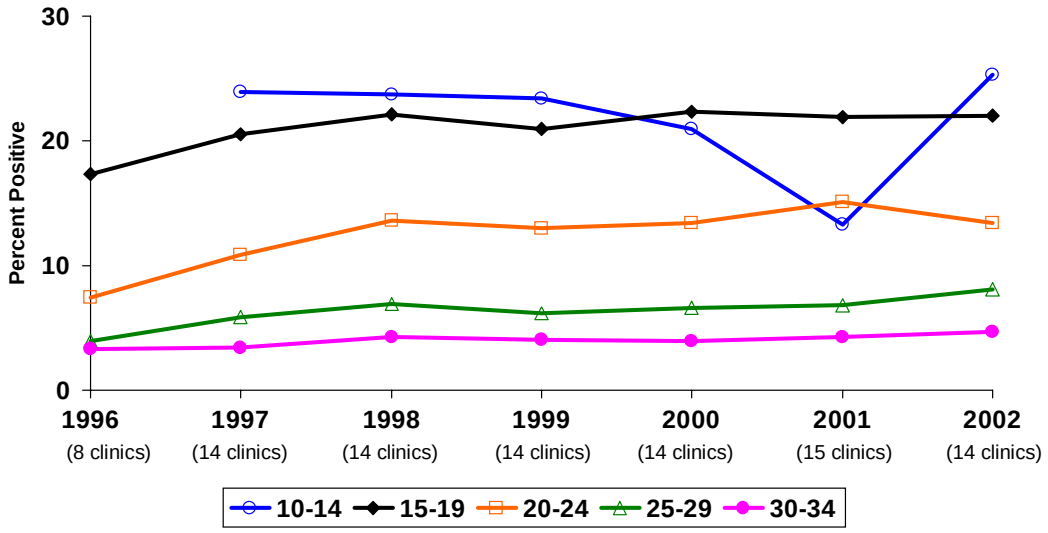
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 10. Chlamydia Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics by Age Group, 1996–2002



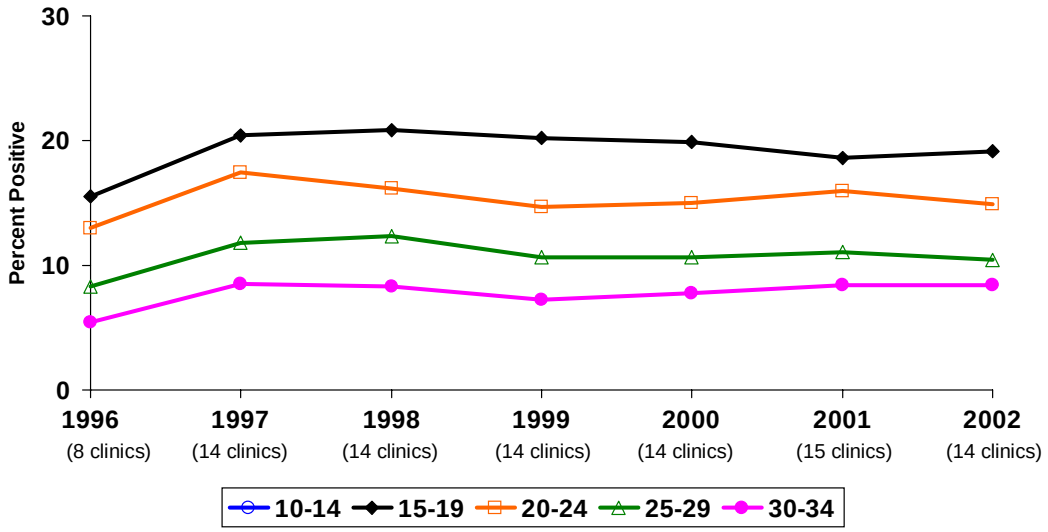
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 11. Chlamydia Prevalence Monitoring, Percent Positive for Females at STD Clinics by Age Group, 1996–2002



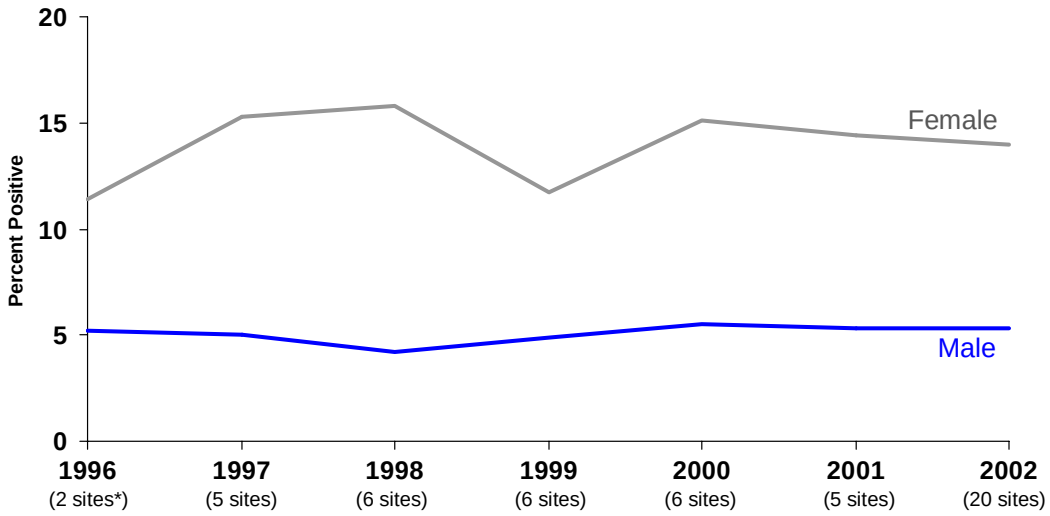
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 12. Chlamydia Prevalence Monitoring, Percent Positive for Males at STD Clinics by Age Group, 1996–2002



Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

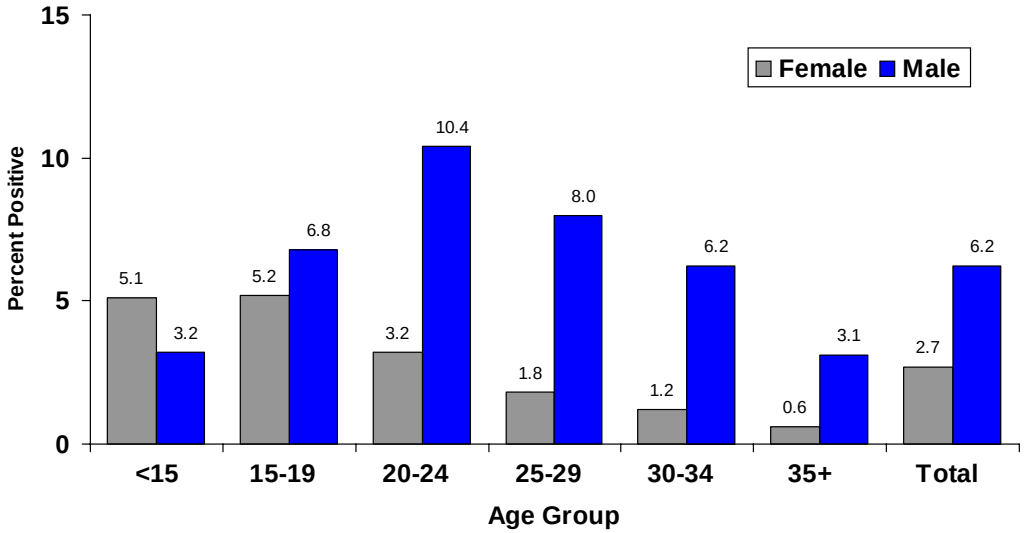
Figure 13. Chlamydia Prevalence Monitoring, Percent Positive at Juvenile Hall Facilities by Gender, 1996–2002



* 2 sites for males 1996–1997; 4 sites for males 1998; 5 sites for males 1999–2000; 4 sites for males 2001; 20 sites for males 2002

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

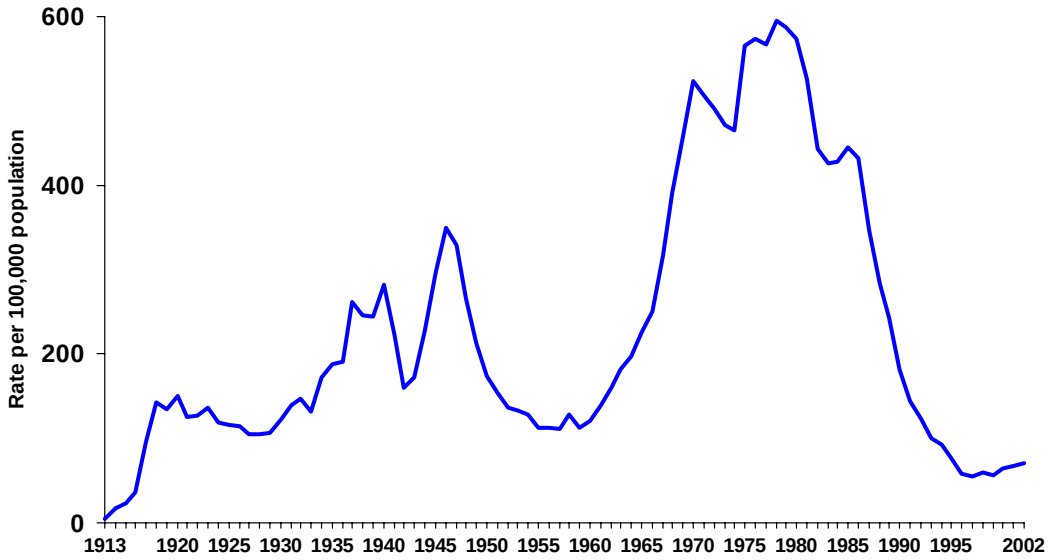
Figure 14. Chlamydia Prevalence Monitoring, Percent Positive in a Northern California Managed Care Organization by Age Group and Gender, 2002



Source: California Department of Health Services, STD Control Branch

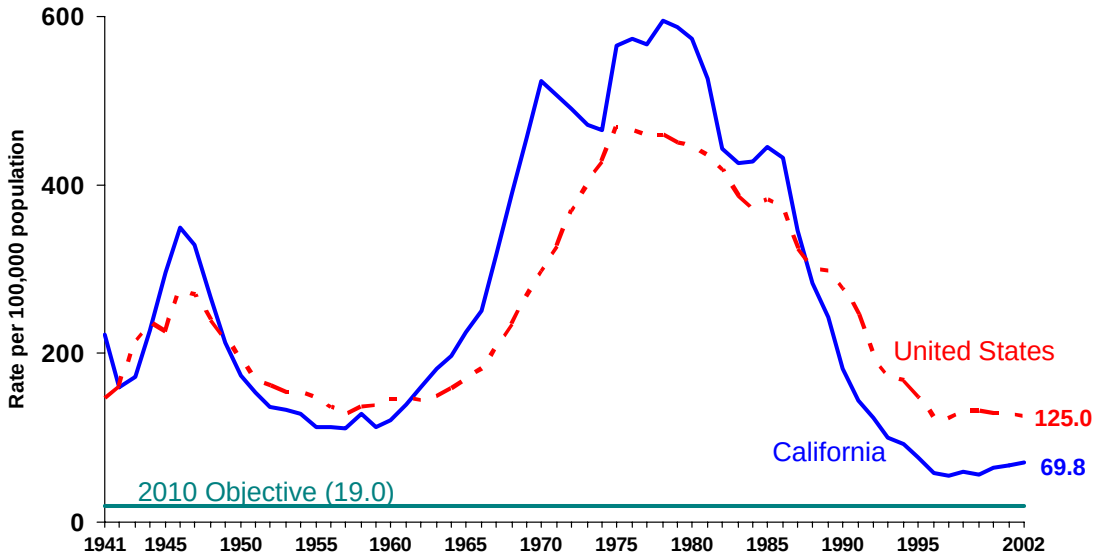
GONORRHEA

Figure 15. Gonorrhea, California Rates, 1913–2002



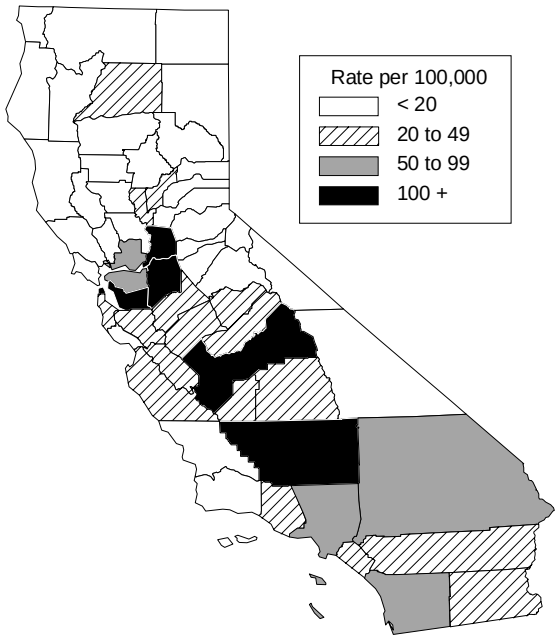
Source: California Department of Health Services, STD Control Branch

Figure 16. Gonorrhea, California vs. United States Rates, 1941–2002



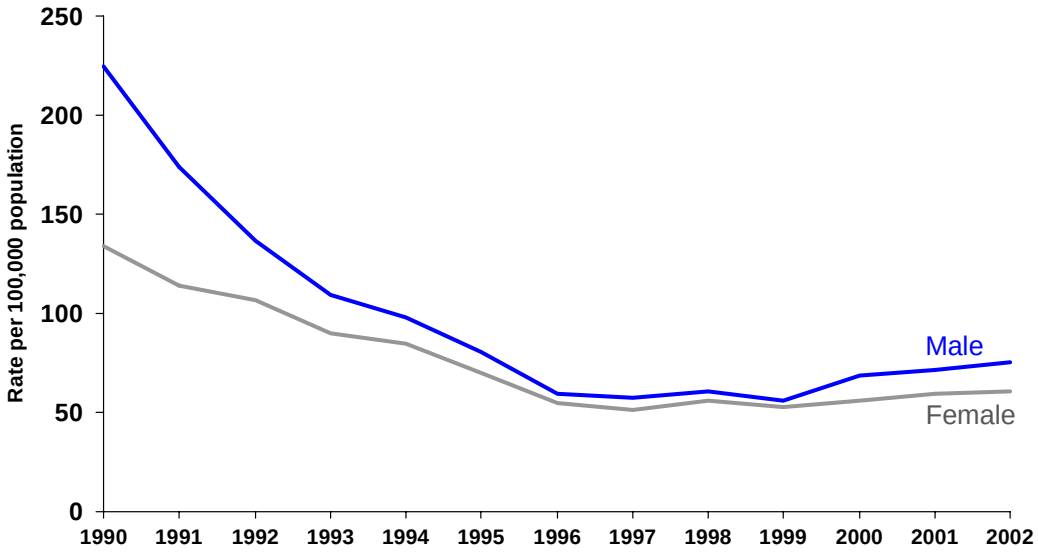
Source: California Department of Health Services, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2002*. Atlanta, GA: U.S. Department of Health and Human Services, September 2003, Table 1

Figure 17. Gonorrhea, Rates by County, California, 2002



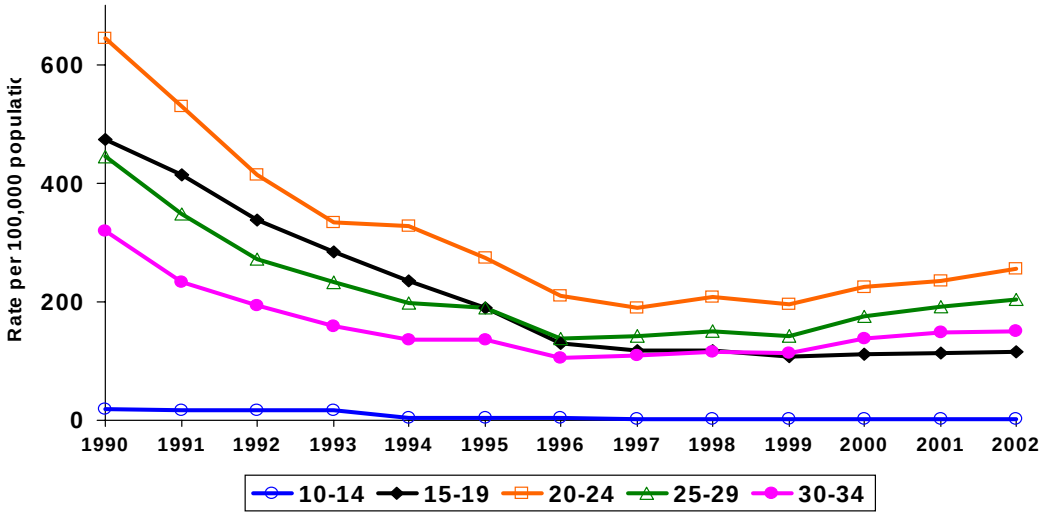
Source: California Department of Health Services, STD Control Branch

Figure 18. Gonorrhea, Rates by Gender, California, 1990–2002



Source: California Department of Health Services, STD Control Branch

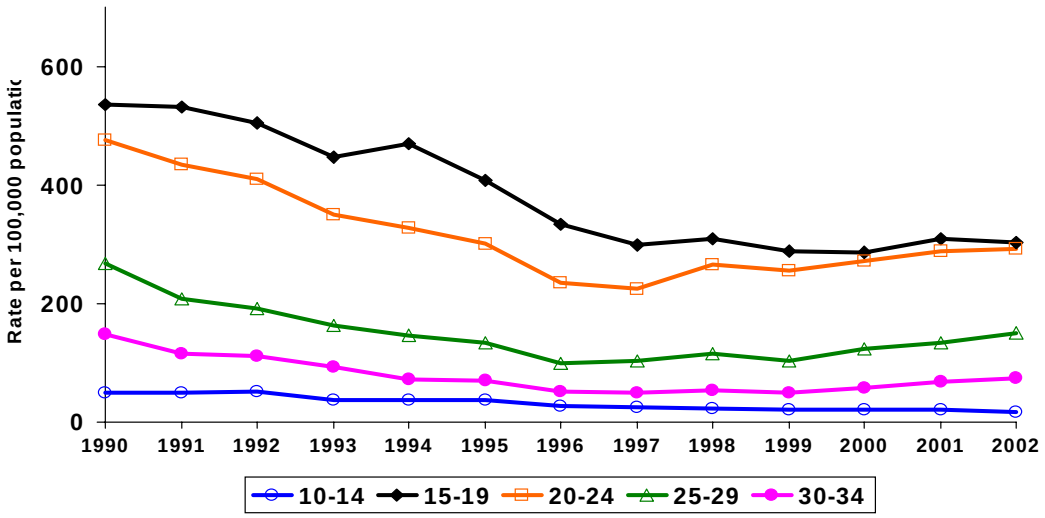
Figure 19. Gonorrhea, Rates for Males by Age Group, California, 1990–2002



Note: Age "Not Specified" ranged from 0.8% to 7.5% of cases for males in any given year.

Source: California Department of Health Services, STD Control Branch

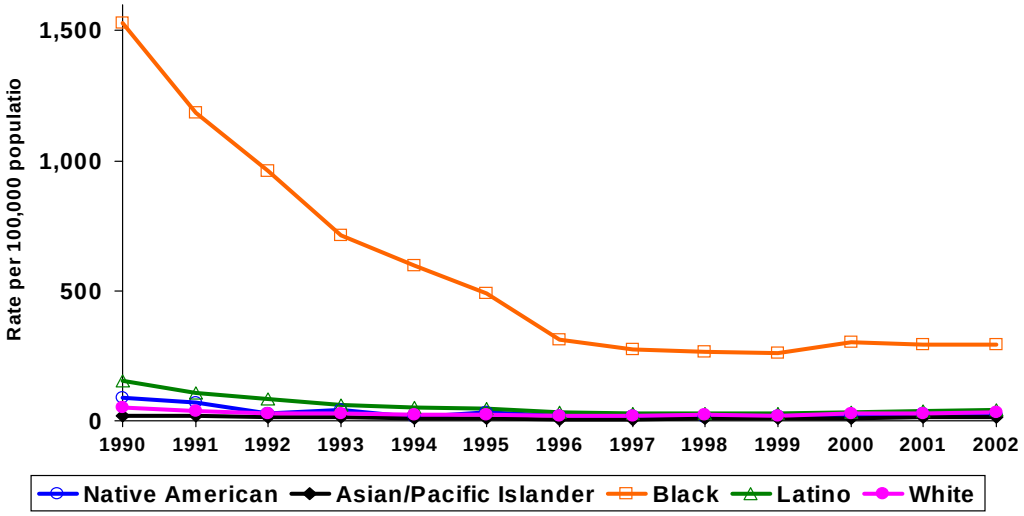
Figure 20. Gonorrhea, Rates for Females by Age Group, California, 1990–2002



Note: Age "Not Specified" ranged from 0.5% to 9.0% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

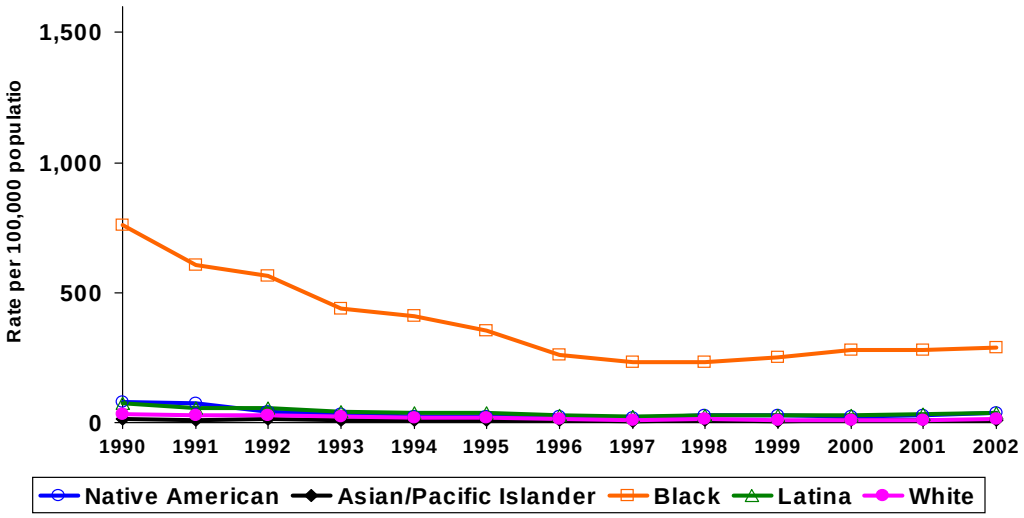
Figure 21. Gonorrhea, Rates for Males by Race/Ethnicity, California, 1990–2002



Note: Race/ethnicity "Not Specified" ranged from 21.1% to 36.0% of cases for males in any given year.

Source: California Department of Health Services, STD Control Branch

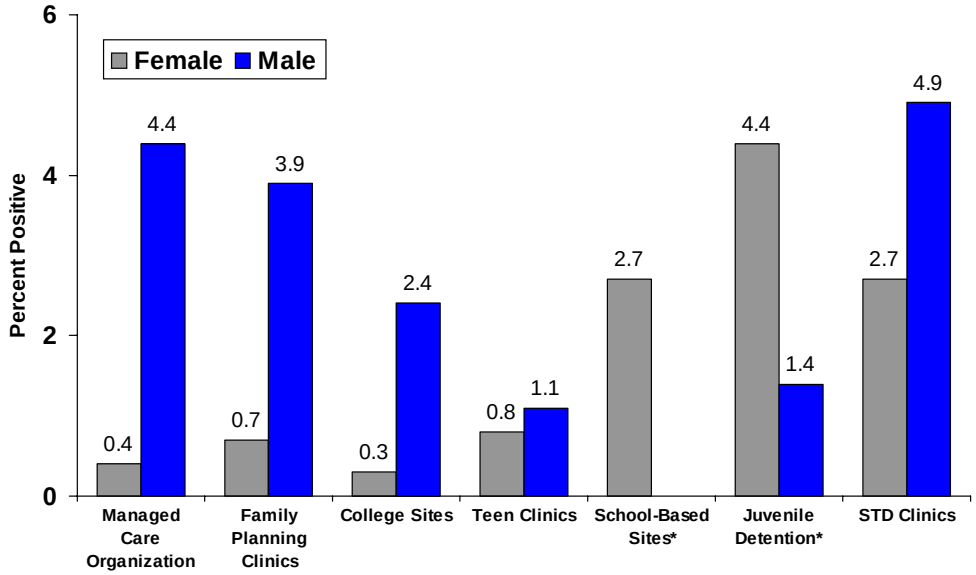
Figure 22. Gonorrhea, Rates for Females by Race/Ethnicity, California, 1990–2002



Note: Race/ethnicity "Not Specified" ranged from 29.6% to 42.9% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

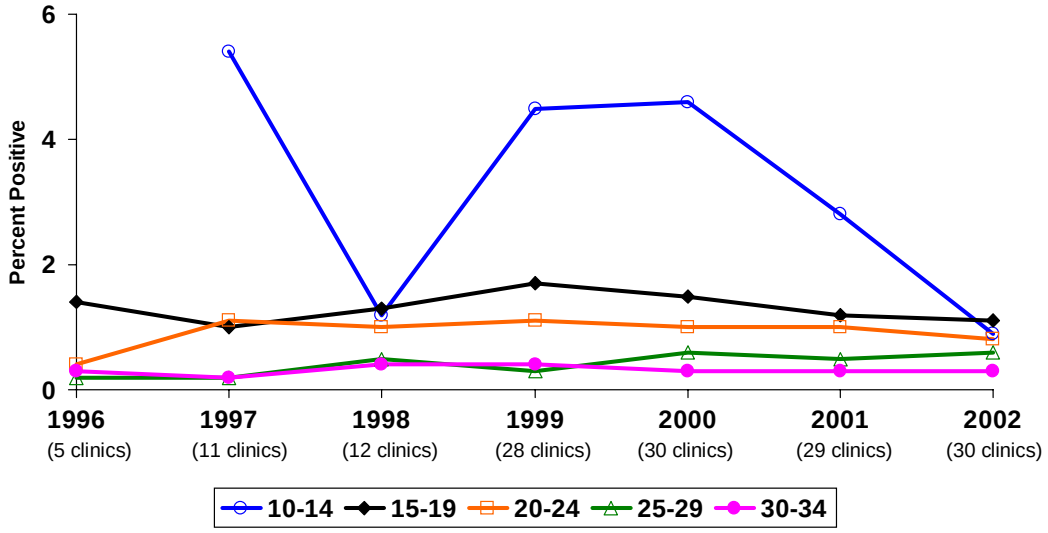
Figure 23. Gonorrhea Prevalence Monitoring, Percent Positive by Gender and Health Care Setting, California, 2002



* These two venues target adolescents primarily. Only seven males were screened for gonorrhea in the school-based sites; thus, that data was excluded from the graph.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

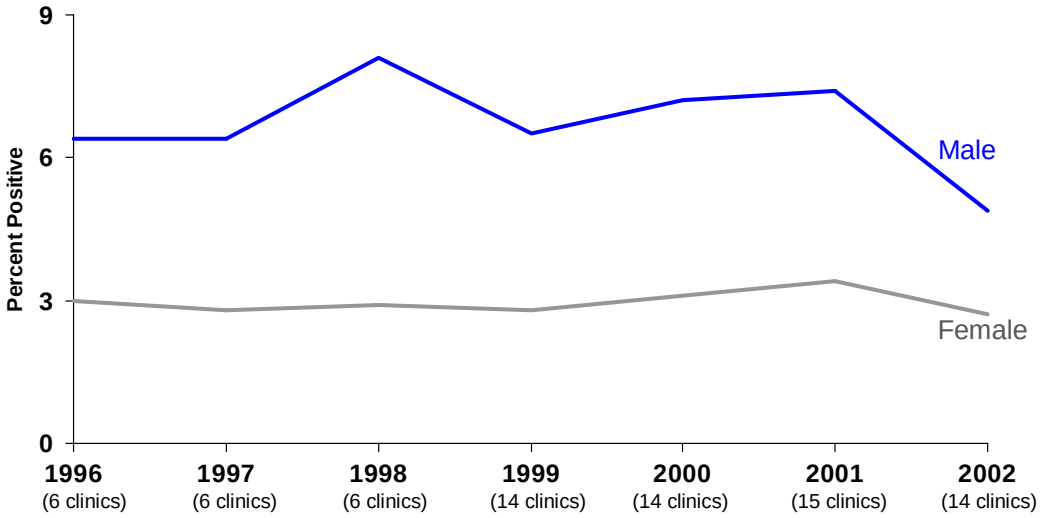
Figure 24. Gonorrhea Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics by Age Group, 1996–2002



Note: Age group 10-14 not graphed in 1996 due to fewer than 50 tests.

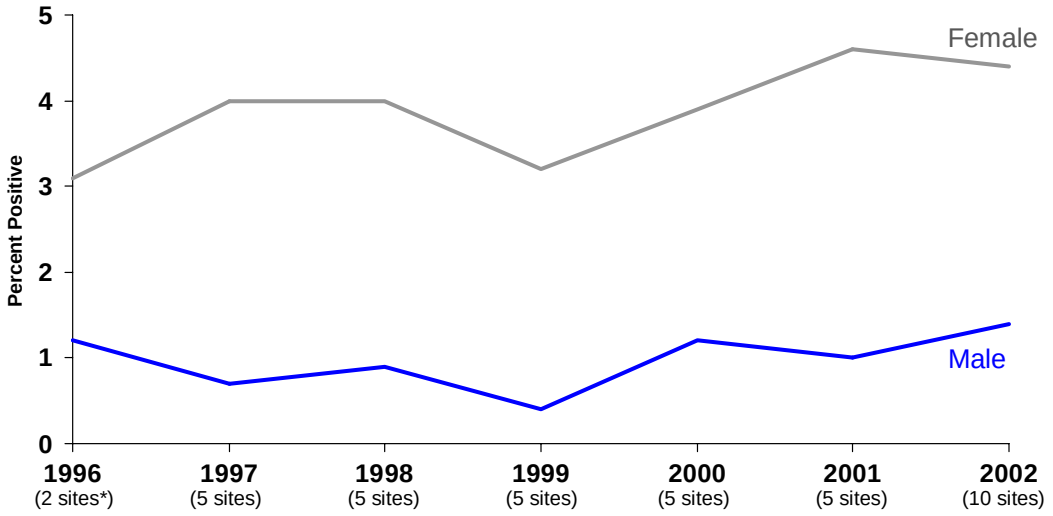
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 25. Gonorrhea Prevalence Monitoring, Percent Positive at STD Clinics by Gender, 1996–2002



Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

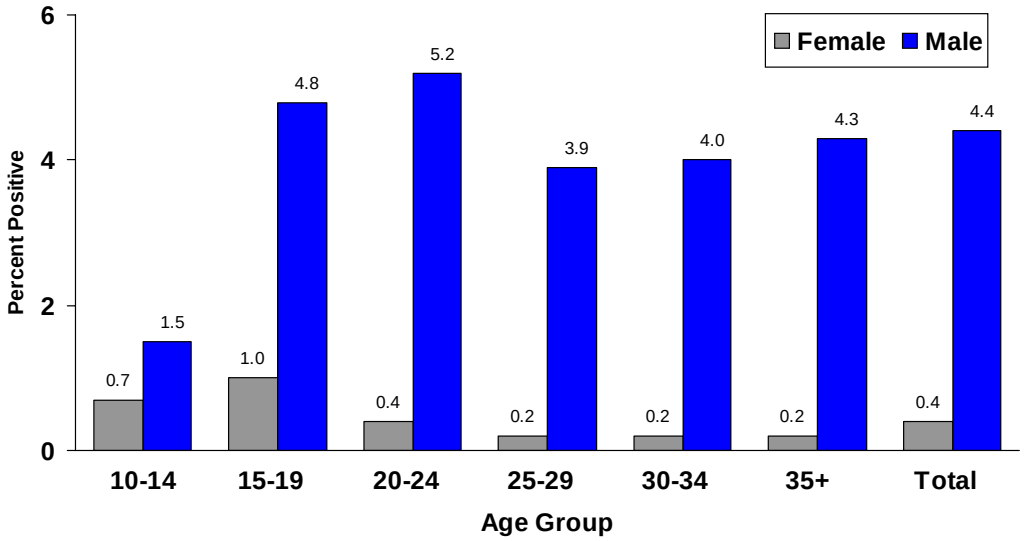
Figure 26. Gonorrhea Prevalence Monitoring, Percent Positive at Juvenile Hall Facilities by Gender, 1996–2002



* 2 sites for males 1996–1997; 4 sites for males 1999–2001; 10 sites for males 2002

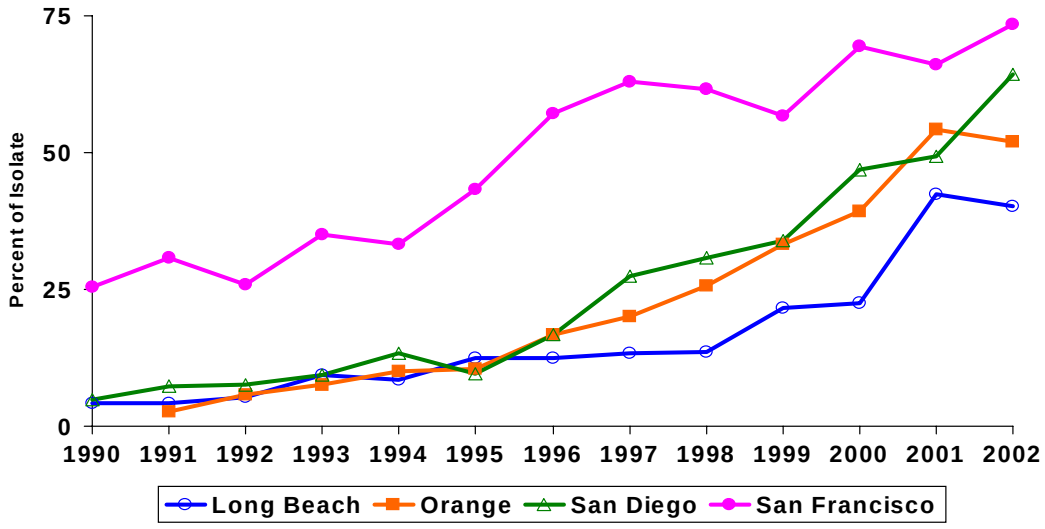
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 27. Gonorrhea Prevalence Monitoring, Percent Positive in a Northern California Managed Care Organization by Age Group and Gender, 2002



Source: California Department of Health Services, STD Control Branch

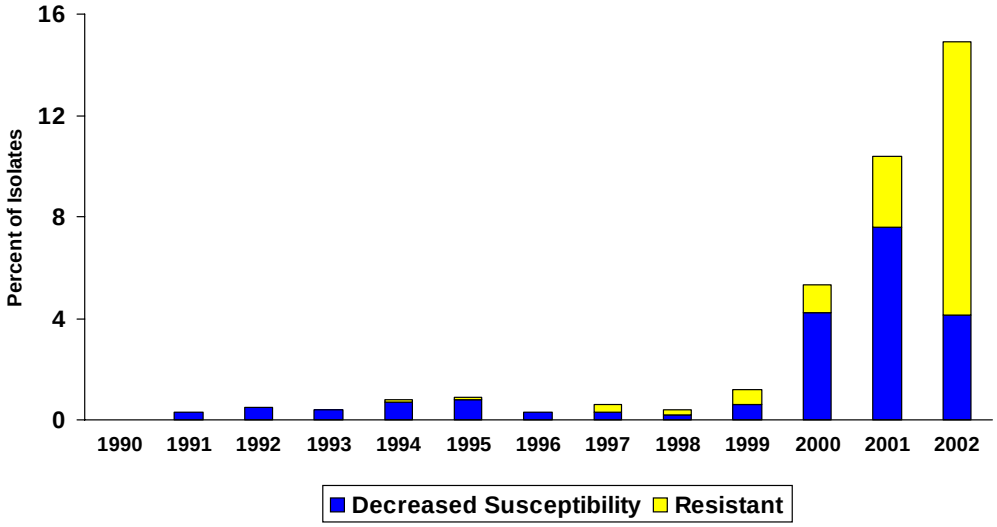
Figure 28. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates Obtained from Men Who Have Sex With Men in Four California STD Clinics, 1990–2002



Note: This project began in 1991 for the Orange County STD Clinic.

Source: California Department of Health Services, STD Control Branch

Figure 29. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates with Decreased Susceptibility or Resistance to Ciprofloxacin in Four California STD Clinics, 1990–2002

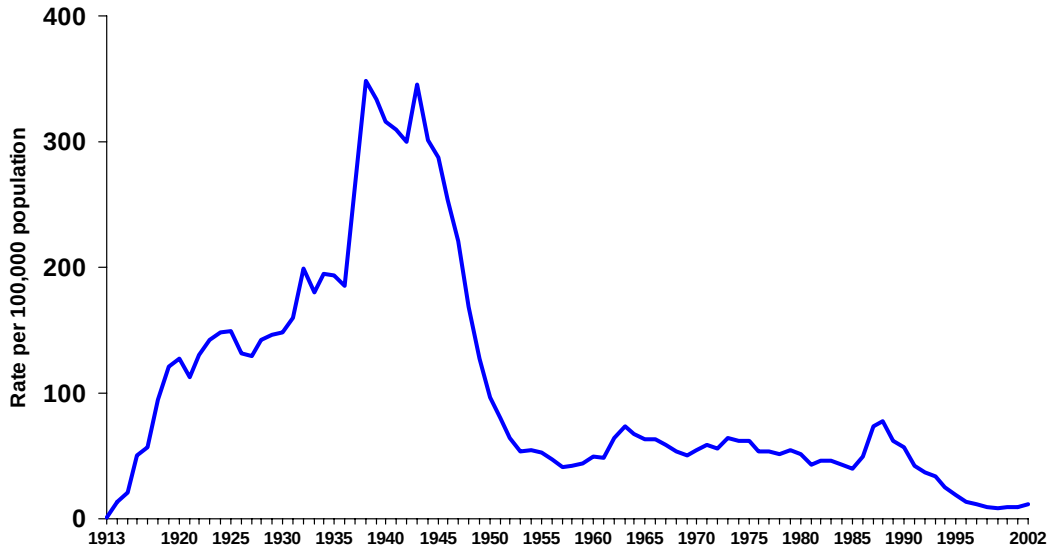


Note: Resistant isolates have MICs ≥ 1 µg ciprofloxacin/mL. Isolates with decreased susceptibility have MICs of 0.125 – 0.5 µg ciprofloxacin/mL.

Source: California Department of Health Services, STD Control Branch

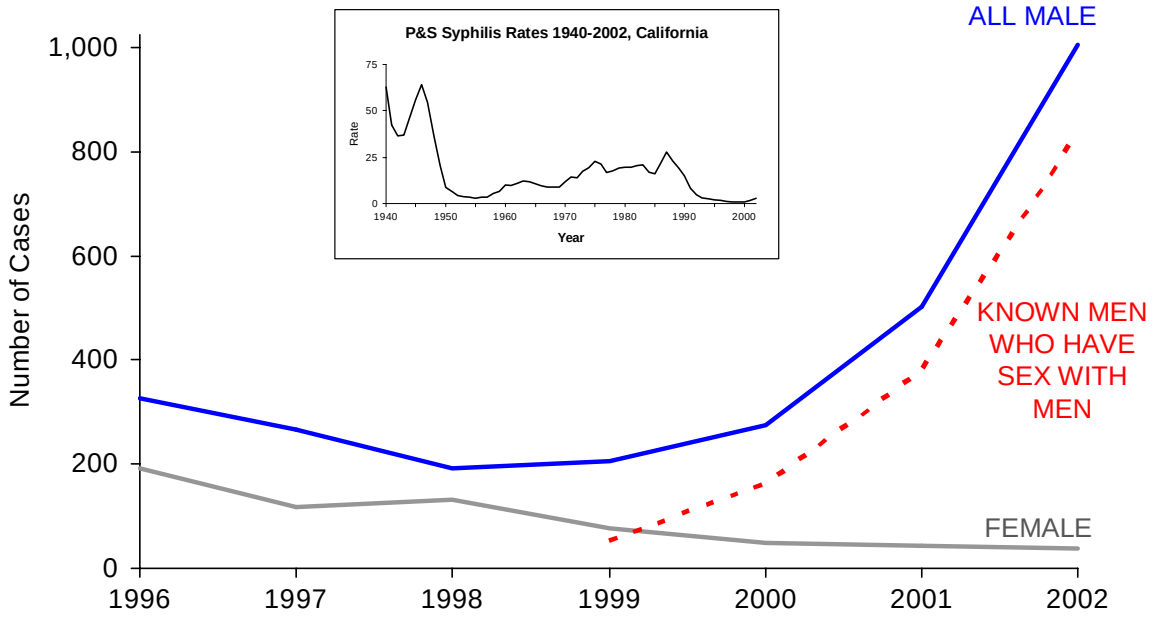
SYPHILIS

Figure 30. Total Syphilis (all stages), California Rates, 1913–2002



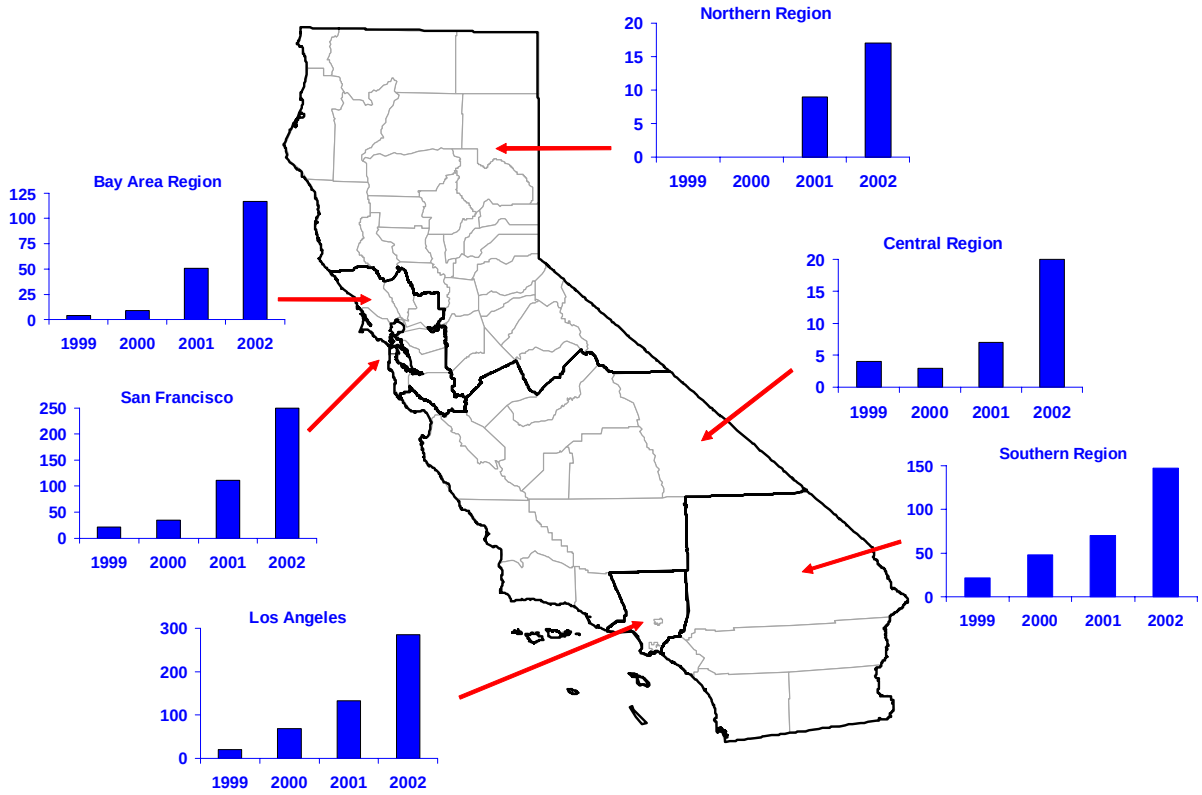
Source: California Department of Health Services, STD Control Branch

Figure 31. Primary & Secondary Syphilis, Cases by Gender, California, 1996–2002



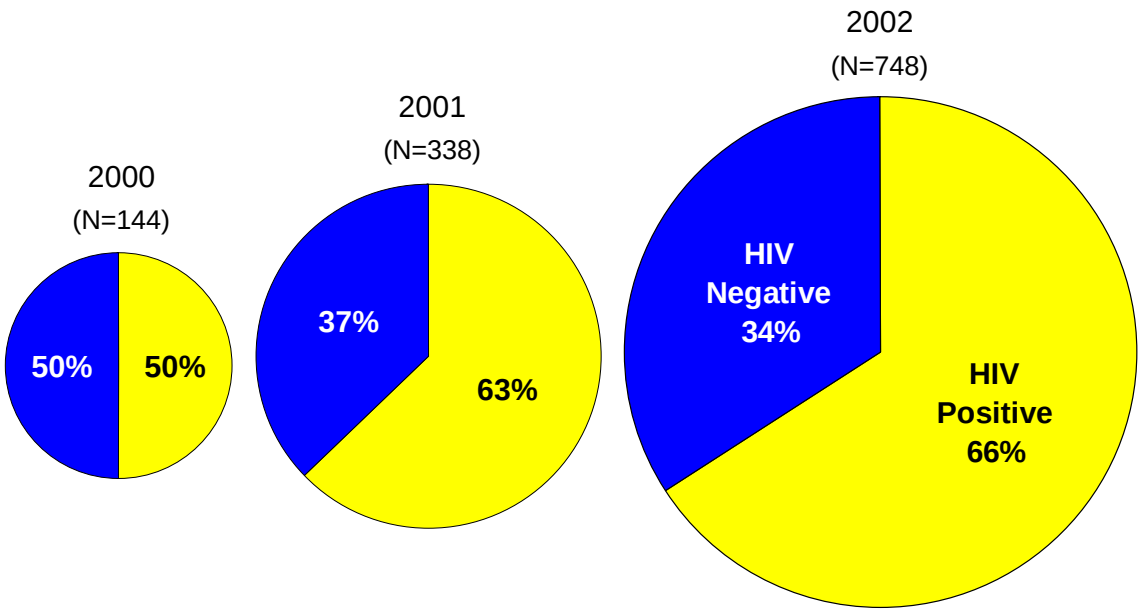
Source: California Department of Health Services, STD Control Branch

Figure 32. Number of Men Who Have Sex with Men Primary & Secondary Syphilis Cases by Region and Year



Source: California Department of Health Services, STD Control Branch

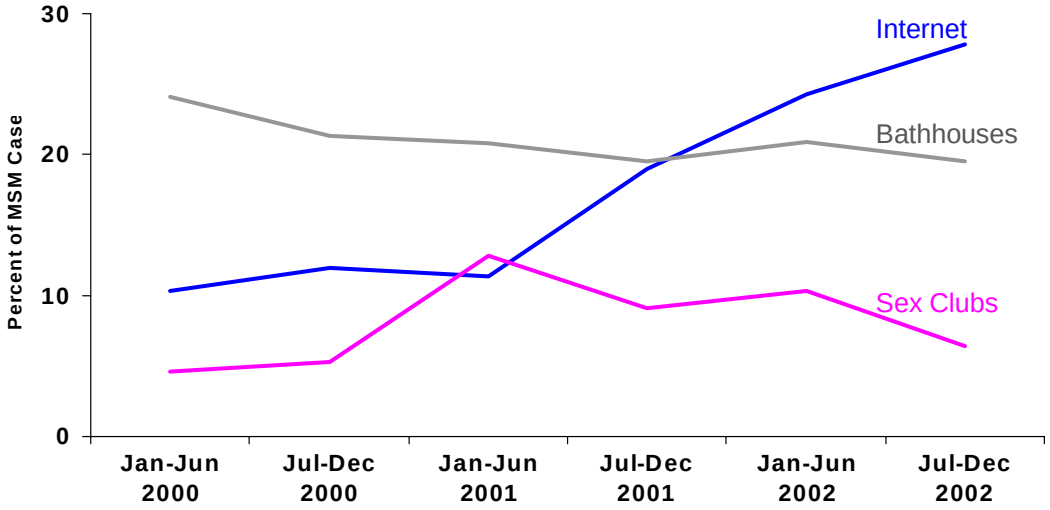
Figure 33. HIV Status Among Men Who Have Sex With Men Primary & Secondary Syphilis Cases, California, 2000–2002



Note: N does not include HIV status unknown: 18 cases in 2000, 42 in 2001, and 88 in 2002.

Source: California Department of Health Services, STD Control Branch

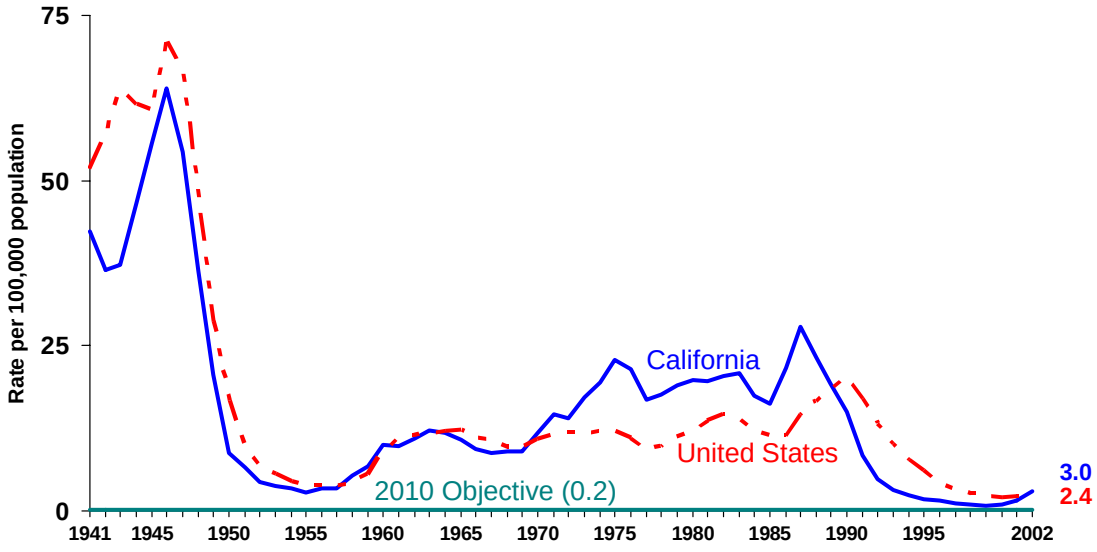
Figure 34. Percent of Men Who Have Sex With Men Primary & Secondary Syphilis Cases Reporting Meeting Partners by Venue, California, 2000–2002



Note: The difference between bathhouses and sex clubs is the presence of private rooms; sex clubs do not have private rooms.

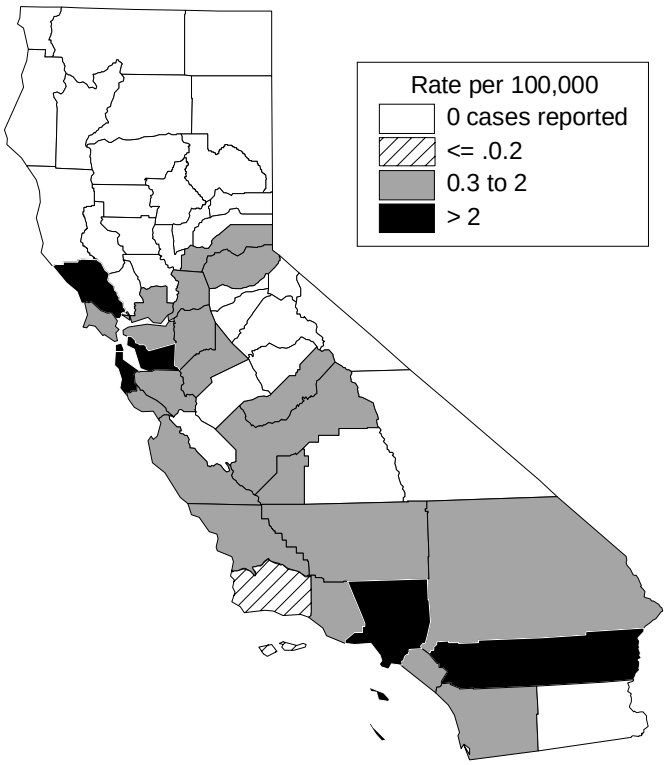
Source: California Department of Health Services, STD Control Branch

Figure 35. Primary & Secondary Syphilis, California vs. United States Rates, 1941–2002



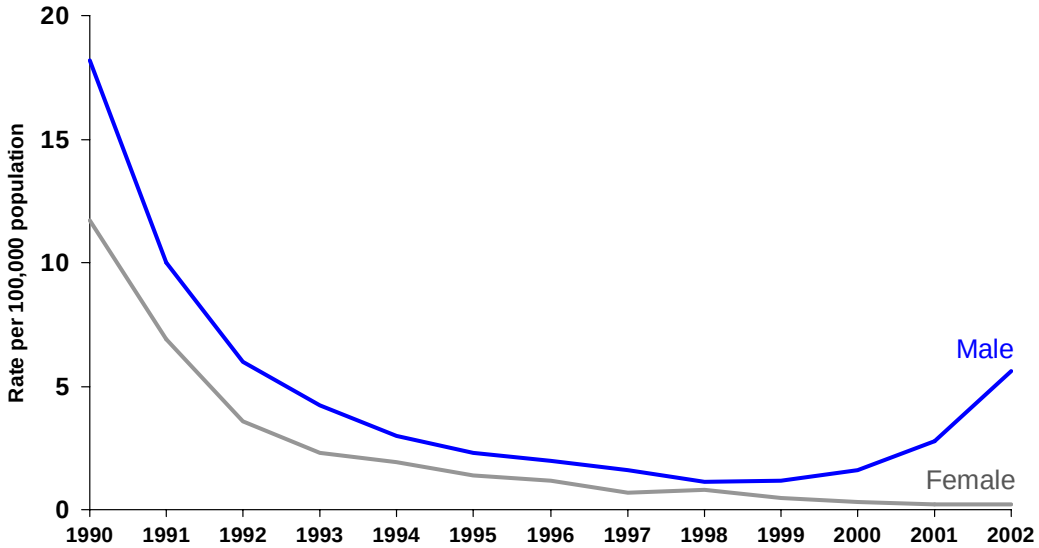
Source: California Department of Health Services, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2002*. Atlanta, GA: U.S. Department of Health and Human Services, September 2003, Table 1

Figure 36. Primary & Secondary Syphilis, Rates by County, California, 2002



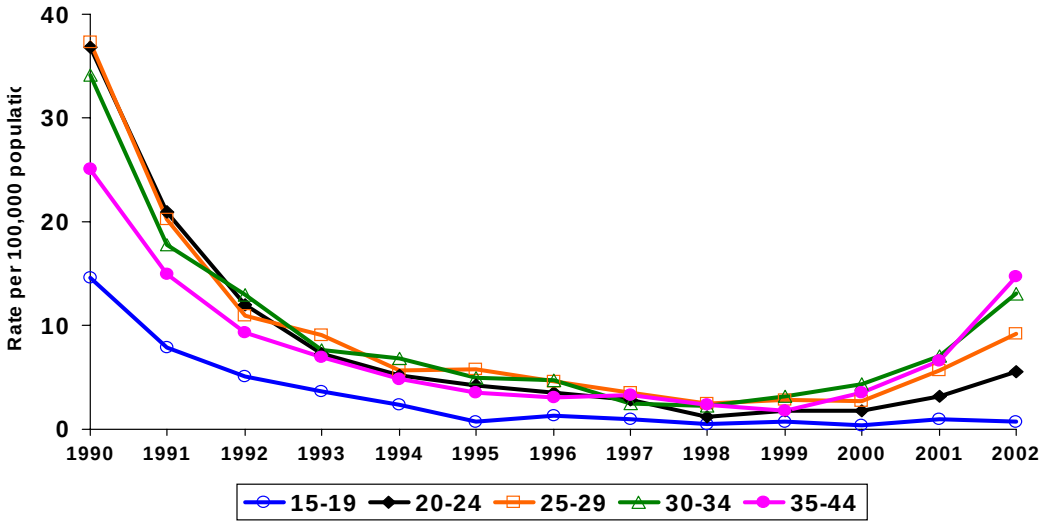
Source: California Department of Health Services, STD Control Branch

Figure 37. Primary & Secondary Syphilis, Rates by Gender, California, 1990–2002



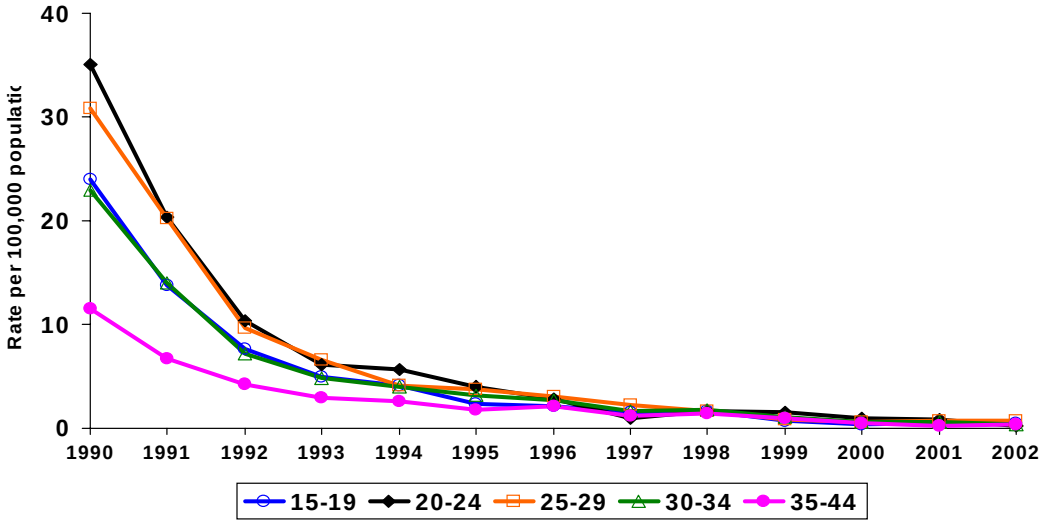
Source: California Department of Health Services, STD Control Branch

Figure 38. Primary & Secondary Syphilis, Rates for Males by Age Group, California, 1990–2002



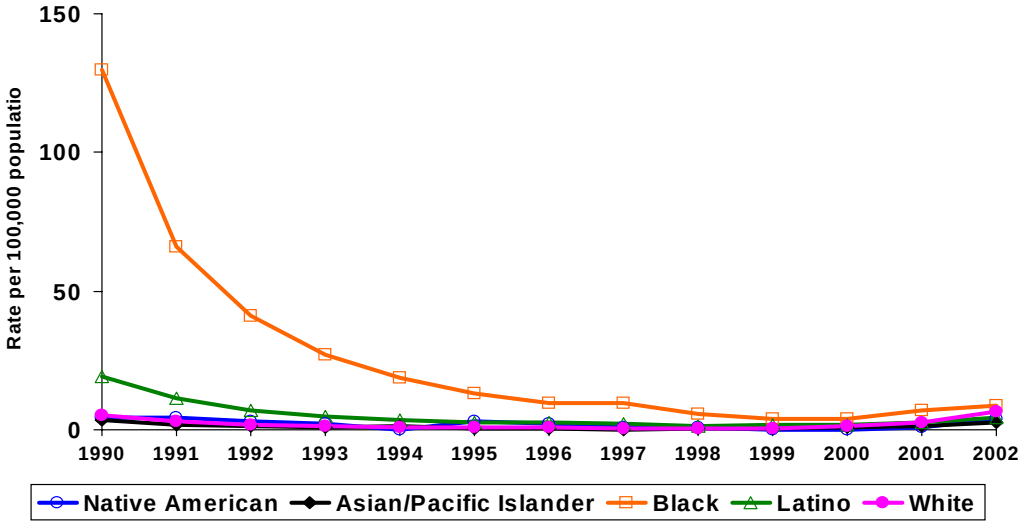
Source: California Department of Health Services, STD Control Branch

Figure 39. Primary & Secondary Syphilis, Rates for Females by Age Group, California, 1990–2002



Source: California Department of Health Services, STD Control Branch

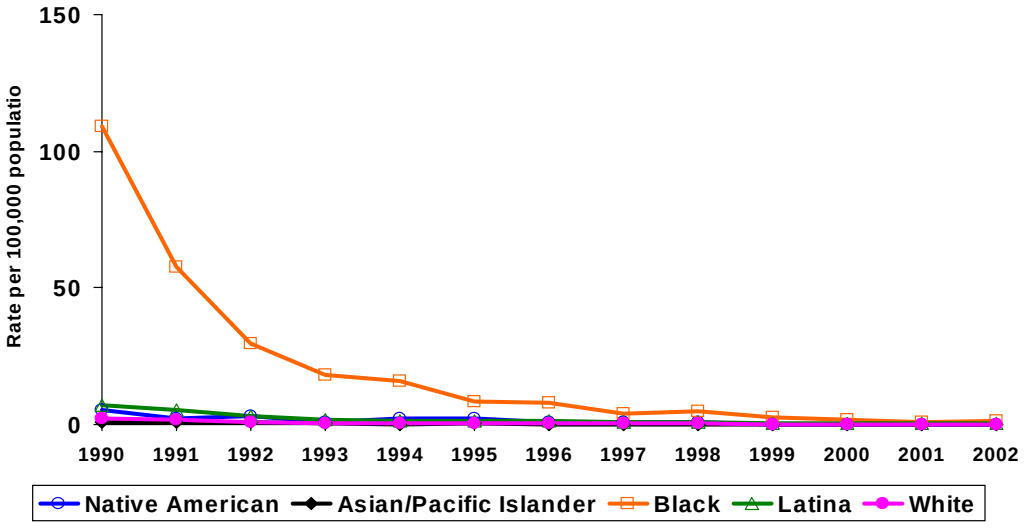
Figure 40. Primary & Secondary Syphilis, Rates for Males by Race/Ethnicity, California, 1990–2002



Note: Race/ethnicity "Not Specified" ranged from 1.1% to 7.0% of cases for males in any given year.

Source: California Department of Health Services, STD Control Branch

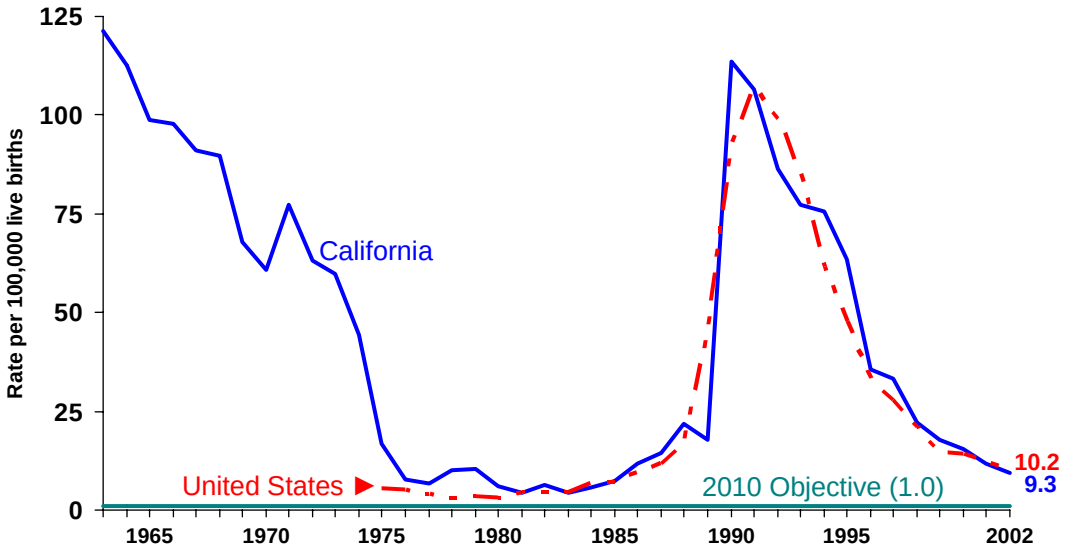
Figure 41. Primary & Secondary Syphilis, Rates for Females by Race/Ethnicity, California, 1990–2002



Note: Race/ethnicity "Not Specified" ranged from 0% to 6.4% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

Figure 42. Congenital Syphilis in Infants < 1 Year of Age, California vs. United States Rates, 1963–2002



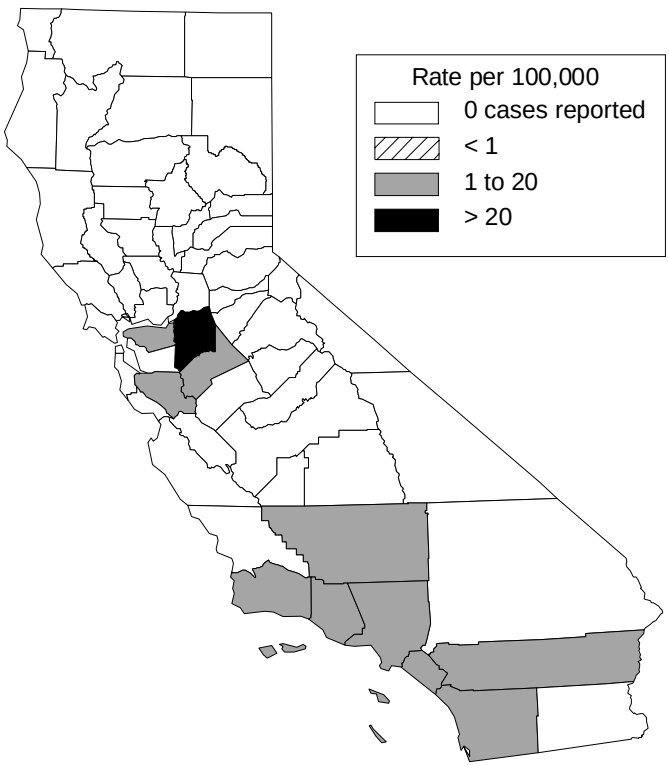
Note: The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR V38, 12/89) was used effective January 1, 1990.

United States data prior to 1975 was not reliable and is excluded.

California data prior to 1985 includes all cases of congenital syphilis, regardless of age.

Source: California Department of Health Services, STD Control Branch

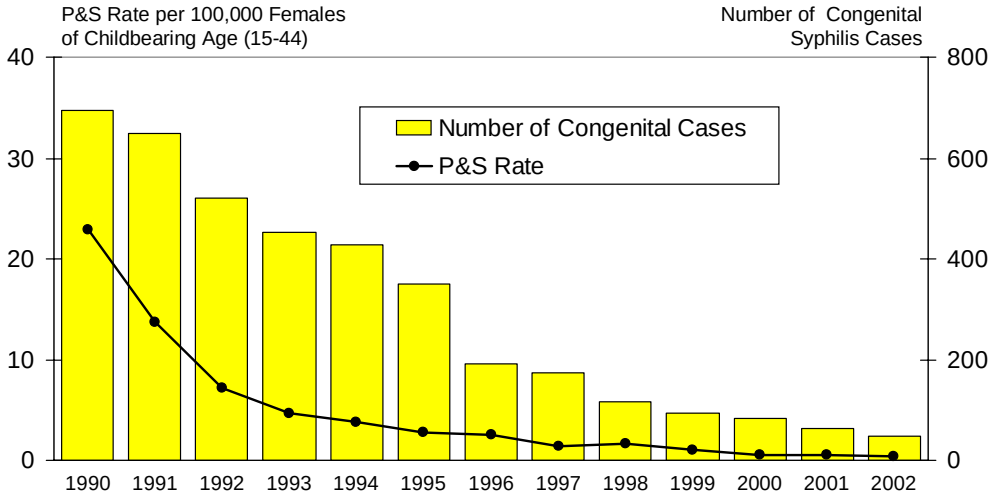
Figure 43. Congenital Syphilis in Infants < 1 Year of Age, Rates by County, California, 2002



Note: Rates are based on very small numbers of cases.

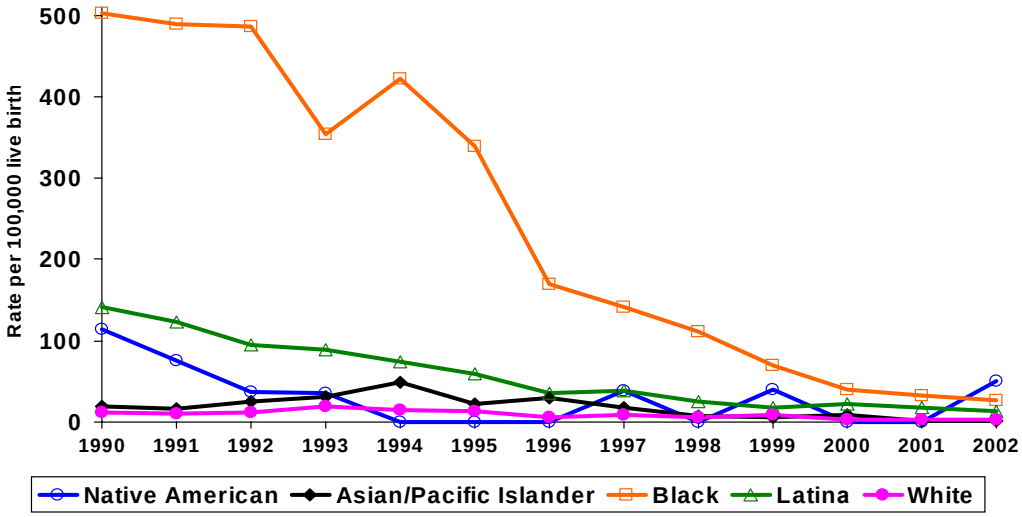
Source: California Department of Health Services, STD Control Branch

Figure 44. Congenital Syphilis Cases in Infants < 1 Year of Age vs. Female Primary & Secondary Syphilis Rates, California, 1990–2002



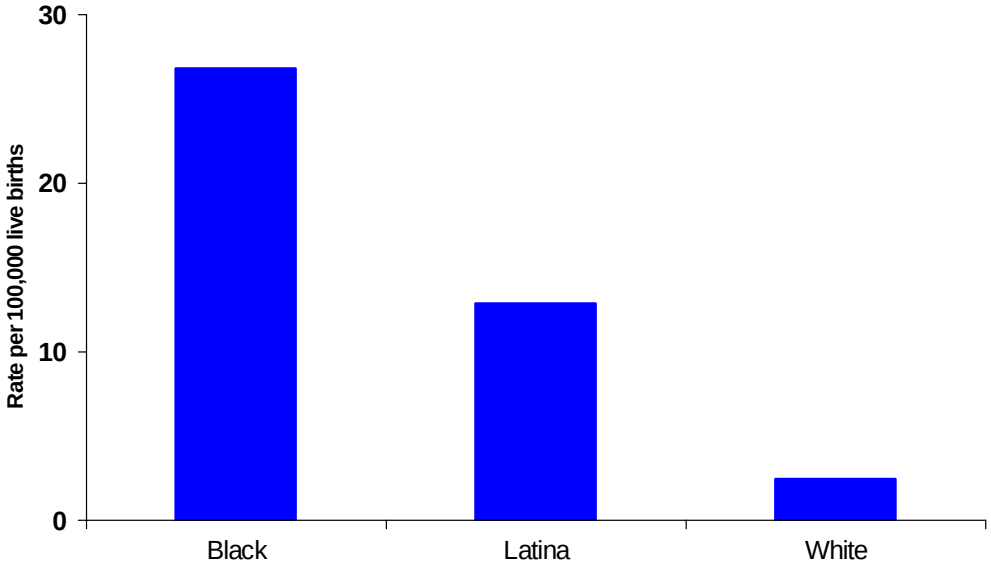
Source: California Department of Health Services, STD Control Branch

Figure 45. Congenital Syphilis in Infants < 1 Year of Age, Rates by Race/Ethnicity of Mother, California, 1990–2002



Source: California Department of Health Services, STD Control Branch

Figure 46. Congenital Syphilis in Infants < 1 Year of Age, Rates by Race/Ethnicity of Mother, California, 2002



Note: Native American/Alaskan Native and Asian/Pacific Islander rates were excluded; each had one case in 2002.

Source: California Department of Health Services, STD Control Branch

TABLES

Table 1. Cases of STDs Reported by Local Health Jurisdictions and Rates per 100,000 Population, California, 1913–2002

YEAR	Syphilis										Chlamydia		Gonorrhea	
	Primary and Secondary		Early Latent		Late and Late Latent		Congenital		Total All Stages					
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1913	NA	.	NA	.	NA	.	NA	.	32	1.2	NR	.	117	4.3
1914	NA	.	NA	.	NA	.	NA	.	379	13.4	NR	.	467	16.5
1915	NA	.	NA	.	NA	.	NA	.	612	20.8	NR	.	695	23.7
1916	NA	.	NA	.	NA	.	NA	.	1,536	50.4	NR	.	1,083	35.5
1917	NA	.	NA	.	NA	.	NA	.	1,797	56.9	NR	.	3,006	95.2
1918	NA	.	NA	.	NA	.	NA	.	3,106	95.1	NR	.	4,665	142.9
1919	NA	.	NA	.	NA	.	NA	.	4,091	121.3	NR	.	4,570	135.5
1920	NA	.	NA	.	NA	.	NA	.	4,514	127.6	NR	.	5,305	150.0
1921	NA	.	NA	.	NA	.	NA	.	4,220	112.3	NR	.	4,709	125.4
1922	NA	.	NA	.	NA	.	NA	.	5,188	130.5	NR	.	5,060	127.3
1923	NA	.	NA	.	NA	.	NA	.	5,983	142.6	NR	.	5,704	135.9
1924	NA	.	NA	.	NA	.	NA	.	6,546	148.3	NR	.	5,265	119.3
1925	NA	.	NA	.	NA	.	NA	.	6,931	149.6	NR	.	5,391	116.3
1926	NA	.	NA	.	NA	.	NA	.	6,369	131.2	NR	.	5,570	114.8
1927	NA	.	NA	.	NA	.	NA	.	6,573	129.6	NR	.	5,348	105.4
1928	NA	.	NA	.	NA	.	NA	.	7,537	142.4	NR	.	5,593	105.7
1929	NA	.	NA	.	NA	.	NA	.	8,074	146.5	NR	.	5,842	106.0
1930	NA	.	NA	.	NA	.	NA	.	8,455	148.1	NR	.	7,001	122.7
1931	NA	.	NA	.	NA	.	NA	.	9,335	160.3	NR	.	8,123	139.5
1932	NA	.	NA	.	NA	.	NA	.	11,717	198.8	NR	.	8,702	147.6
1933	NA	.	NA	.	NA	.	NA	.	10,737	180.1	NR	.	7,817	131.1
1934	NA	.	NA	.	NA	.	NA	.	11,820	195.2	NR	.	10,459	172.7
1935	NA	.	NA	.	NA	.	NA	.	11,957	193.8	NR	.	11,634	188.6
1936	NA	.	NA	.	NA	.	NA	.	11,725	185.2	NR	.	12,118	191.4
1937	NA	.	NA	.	NA	.	NA	.	17,276	265.1	NR	.	17,051	261.6
1938	NA	.	NA	.	NA	.	NA	.	23,137	348.1	NR	.	16,336	245.8
1939	NA	.	NA	.	NA	.	NA	.	22,634	333.8	NR	.	16,542	243.9
1940	4,331	62.7	1,550	22.4	14,949	216.4	955	853.9	21,785	315.4	NR	.	19,433	281.3
1941	3,063	42.3	5,871	81.1	12,590	174.0	881	704.5	22,405	309.6	NR	.	16,098	222.4
1942	2,815	36.4	5,401	69.8	14,257	184.3	752	491.1	23,225	300.3	NR	.	12,408	160.4
1943	3,166	37.2	7,355	86.5	17,810	209.4	1,015	586.4	29,346	345.0	NR	.	14,632	172.0
1944	4,172	46.6	6,386	71.4	15,543	173.8	860	485.9	26,961	301.4	NR	.	20,365	227.7
1945	5,216	55.8	6,696	71.7	14,177	151.7	745	409.1	26,834	287.2	NR	.	27,668	296.1
1946	6,122	64.0	6,890	72.1	10,528	110.1	681	313.5	24,221	253.4	NR	.	33,364	349.0
1947	5,334	54.3	6,041	61.4	9,664	98.3	727	298.2	21,766	221.4	NR	.	32,396	329.5
1948	3,651	36.3	4,159	41.3	8,499	84.4	591	246.7	16,900	167.9	NR	.	26,767	266.0
1949	2,141	20.7	2,782	26.9	7,794	75.4	493	201.3	13,210	127.8	NR	.	22,027	213.1
1950	930	8.8	1,843	17.4	7,068	66.8	377	154.2	10,218	96.5	NR	.	18,394	173.8
1951	732	6.6	1,648	14.8	6,165	55.4	342	131.4	8,887	79.8	NR	.	17,122	153.8
1952	514	4.4	1,461	12.6	5,179	44.5	305	108.5	7,459	64.1	NR	.	15,821	135.9
1953	475	3.9	1,148	9.5	4,574	37.8	260	87.6	6,457	53.4	NR	.	16,081	132.9
1954	432	3.5	1,114	8.9	5,022	40.1	277	90.5	6,845	54.7	NR	.	16,012	127.9
1955	379	2.9	1,341	10.3	4,833	37.2	249	79.5	6,802	52.3	NR	.	14,697	113.0
1956	470	3.5	1,071	7.9	4,504	33.2	263	78.8	6,427	47.3	NR	.	15,346	113.0
1957	481	3.4	1,093	7.7	3,954	27.9	251	71.6	5,886	41.5	NR	.	15,679	110.6
1958	813	5.5	1,168	7.9	3,883	26.3	254	72.7	6,195	42.0	NR	.	18,928	128.4
1959	1,038	6.8	1,254	8.2	4,232	27.7	270	75.3	6,802	44.5	NR	.	17,237	112.7
1960	1,581	10.0	1,471	9.3	4,616	29.1	256	68.9	7,926	50.0	NR	.	19,236	121.3
1961	1,605	9.8	1,644	10.0	4,462	27.2	274	71.9	7,985	48.7	NR	.	22,979	140.0
1962	1,884	11.1	2,018	11.9	6,547	38.6	354	93.6	10,803	63.7	NR	.	26,967	159.1
1963	2,142	12.2	2,013	11.5	8,245	47.0	462	121.4	12,862	73.4	NR	.	31,825	181.5
1964	2,148	11.9	1,954	10.8	7,668	42.5	421	112.4	12,191	67.6	NR	.	35,700	198.0
1965	1,995	10.8	2,159	11.7	7,174	38.9	351	98.9	11,679	63.3	NR	.	41,551	225.0
1966	1,781	9.5	1,996	10.6	7,824	41.5	330	97.7	11,931	63.4	NR	.	47,099	250.1
1967	1,706	8.9	1,659	8.7	7,575	39.5	306	90.9	11,246	58.7	NR	.	60,810	317.1
1968	1,749	9.0	1,615	8.3	6,768	34.8	304	89.6	10,436	53.7	NR	.	75,998	391.1
1969	1,795	9.1	1,693	8.6	6,311	32.0	240	68.0	10,039	50.8	NR	.	90,073	456.2

(continued on next page)

Table 1. Cases of STDs Reported by Local Health Jurisdictions and Rates per 100,000 Population, California, 1913–2002 *(continued)*

YEAR	Syphilis										Chlamydia		Gonorrhea	
	Primary and Secondary		Early Latent		Late and Late Latent		Congenital (age < 1)		Total All Stages					
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1970	2,348	11.8	2,096	10.5	6,317	31.6	221	60.9	10,982	55.0	NR	.	104,568	523.6
1971	2,977	14.6	2,660	13.1	6,039	29.7	255	77.3	11,932	58.6	NR	.	102,804	505.3
1972	2,878	14.0	2,778	13.5	5,550	27.0	194	63.3	11,400	55.4	NR	.	101,006	490.7
1973	3,620	17.3	3,594	17.2	5,906	28.3	178	59.8	13,298	63.7	NR	.	98,242	470.8
1974	4,123	19.5	3,108	14.7	5,893	27.8	138	44.3	13,262	62.6	NR	.	98,639	465.9
1975	4,911	22.8	3,709	17.2	4,547	21.1	53	16.7	13,265	61.6	NR	.	121,919	566.1
1976	4,703	21.4	3,352	15.3	3,659	16.7	26	7.8	11,740	53.5	NR	.	125,833	573.7
1977	3,787	16.9	2,635	11.8	5,532	24.8	23	6.6	11,997	53.7	NR	.	126,768	567.2
1978	4,033	17.7	2,803	12.3	4,910	21.5	36	10.1	11,795	51.6	NR	.	136,109	595.9
1979	4,445	19.1	3,036	13.1	5,149	22.1	40	10.5	12,670	54.5	NR	.	136,463	586.8
1980	4,696	19.8	5,138	21.7	2,412	10.2	24	6.0	12,270	51.8	NR	.	135,885	574.1
1981	4,748	19.6	2,936	12.1	2,805	11.6	19	4.5	10,508	43.3	NR	.	127,723	526.1
1982	5,096	20.5	3,399	13.7	2,860	11.5	27	6.3	11,382	45.9	NR	.	109,860	442.9
1983	5,290	20.9	3,171	12.5	3,201	12.6	19	4.4	11,681	46.1	NR	.	108,066	426.5
1984	4,503	17.4	3,048	11.8	3,628	14.1	25	5.6	11,204	43.4	NR	.	110,208	426.9
1985	4,285	16.2	2,724	10.3	3,637	13.8	35	7.4	10,681	40.5	NR	.	117,392	444.6
1986	5,831	21.6	3,117	11.5	4,240	15.7	57	11.8	13,245	49.0	NR	.	116,895	432.1
1987	7,697	27.8	5,548	20.0	7,013	25.3	72	14.3	20,330	73.3	NR	.	95,877	345.9
1988	6,598	23.2	6,226	21.9	9,076	32.0	117	22.0	22,017	77.5	NR	.	80,708	284.3
1989	5,597	19.2	6,601	22.7	5,642	19.4	102	17.9	17,942	61.6	NR	.	70,596	242.2
1990	4,494	15.1	5,684	19.1	6,193	20.8	694	113.5	17,065	57.2	66,213	222.0	54,076	181.3
1991	2,604	8.5	3,972	13.0	5,526	18.1	649	106.5	12,751	41.9	69,974	229.7	44,104	144.8
1992	1,500	4.8	3,178	10.3	6,160	19.9	520	86.5	11,358	36.7	67,113	216.6	38,182	123.2
1993	1,019	3.3	2,303	7.4	6,666	21.3	452	77.3	10,440	33.3	68,323	218.2	31,443	100.4
1994	775	2.5	1,638	5.2	5,157	16.4	428	75.5	7,998	25.4	72,770	230.8	29,241	92.8
1995	591	1.9	1,409	4.4	3,614	11.4	350	63.5	5,964	18.8	61,541	194.1	24,369	76.8
1996	521	1.6	1,190	3.7	2,591	8.1	191	35.5	4,493	14.1	61,666	192.9	18,570	58.1
1997	386	1.2	961	3.0	2,371	7.3	174	33.2	3,892	12.0	68,599	211.4	18,002	55.5
1998	325	1.0	782	2.4	1,754	5.3	116	22.3	2,977	9.1	76,398	232.5	19,555	59.5
1999	284	0.8	584	1.7	1,915	5.7	92	17.8	2,875	8.6	85,023	254.4	18,654	55.8
2000	326	1.0	355	1.0	2,618	7.7	82	15.4	3,381	9.9	95,455	280.5	21,632	63.6
2001	546	1.6	413	1.2	2,145	6.2	62	11.8	3,166	9.1	101,871	293.6	23,277	67.1
2002	1,044	3.0	720	2.0	2,130	6.0	49	9.3	3,943	11.2	110,356	312.6	24,625	69.8

Notes: For 1913-1957, data were reported for civilian cases only. From 1958 to the present, case counts include both civilian and military cases.

Congenital syphilis rates are per 100,000 live births. The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR V38, 12/89) was used effective January 1, 1990. From 1985 to the present, congenital case counts only include infants less than one year of age.

NA = Not Available

NR = No Report

Source: California Department of Health Services, STD Control Branch

State of California, Department of Finance, *County Population Estimates and Components of Change, July 1, 2001-2002, with Historical 2000 and 2001 Estimates.* Sacramento, CA, January 2003

State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 1970-2011, with Births by Age of Mother and Fertility Rates.* Sacramento, CA, August 2002

Table 2. Chlamydia, Cases and Rates, California Counties & Selected City Health Jurisdictions, 1998–2002

COUNTY	1998		1999		2000		2001		2002	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**76,398**	**232.5**	**85,023**	**254.4**	**95,455**	**280.5**	**101,871**	**293.6**	**110,356**	**312.6**
Alameda	3,812	272.1	4,325	303.9	5,228	360.1	4,886	330.3	4,847	325.3
— Berkeley[1]	165	160.7	241	234.0	251	242.6	222	212.3	241	230.0
Alpine	2	168.1	2	170.9	-	-	1	84.0	1	81.3
Amador	12	35.2	15	43.2	12	34.0	20	55.9	32	88.0
Butte	353	176.1	335	166.2	333	163.3	396	192.4	378	181.0
Calaveras	11	27.7	14	34.7	17	41.8	28	67.6	31	73.4
Colusa	28	151.8	30	161.3	31	164.0	32	167.1	31	158.6
Contra Costa	1,738	189.0	1,824	194.6	1,838	192.6	2,367	242.8	2,370	240.1
Del Norte	36	128.8	24	87.3	25	90.6	38	137.9	28	100.5
El Dorado	118	77.6	62	40.1	105	66.3	152	93.8	173	104.7
Fresno	3,021	387.2	3,420	433.1	3,682	457.7	4,216	514.6	4,825	577.6
Glenn	19	72.2	31	117.9	38	143.1	44	165.1	44	163.9
Humboldt	431	343.4	335	265.0	352	278.3	315	247.8	315	247.1
Imperial	274	196.8	254	180.4	390	266.9	473	318.3	467	307.4
Inyo	26	142.1	29	160.7	12	66.3	22	120.5	14	76.7
Kern	1,637	255.5	2,119	324.3	2,529	379.8	2,792	410.2	2,869	411.6
Kings	366	296.6	361	283.4	443	340.2	494	373.1	503	373.4
Lake	46	80.8	59	102.4	46	78.5	84	140.2	118	193.1
Lassen	25	74.6	25	74.3	16	46.9	20	58.3	48	140.6
Los Angeles	25,973	280.3	29,777	317.0	33,394	349.3	35,081	360.5	37,984	383.6
— Long Beach[1]	1,592	356.1	1,898	417.5	2,044	441.1	2,119	450.2	2,040	427.8
— Pasadena[1]	233	176.7	294	220.9	270	200.6	225	164.8	268	191.6
Madera	221	185.9	294	241.6	343	270.9	305	236.4	423	320.9
Marin	250	103.1	251	102.5	287	116.0	301	121.4	287	115.2
Mariposa	7	41.4	9	53.1	15	88.0	9	53.6	14	80.5
Mendocino	124	145.5	120	139.9	171	197.2	172	197.2	166	188.9
Merced	457	223.7	452	217.8	459	218.1	468	216.3	645	289.6
Modoc	4	41.5	7	74.3	10	106.4	6	63.7	10	107.5
Mono	6	49.6	20	158.7	24	186.0	6	45.6	6	44.9
Monterey	791	204.7	875	221.7	1,010	251.0	1,200	294.7	1,206	292.7
Napa	128	105.8	91	74.1	121	96.6	120	94.3	110	85.3
Nevada	52	57.6	55	60.5	63	68.3	88	93.3	108	112.9
Orange	3,500	127.3	4,893	174.6	4,577	160.3	5,759	198.1	5,630	190.6
Placer	151	64.7	188	77.3	227	90.9	245	94.0	248	91.6
Plumas	16	76.7	13	62.7	4	19.2	13	62.1	17	81.1
Riverside	2,175	148.3	2,379	157.1	3,078	197.9	3,411	211.4	4,086	243.6
Sacramento	3,961	339.8	4,420	366.9	4,643	377.6	4,434	350.7	4,716	363.4
San Benito	61	121.5	68	130.3	69	128.3	84	152.2	105	187.5
San Bernardino	4,386	265.8	4,533	269.3	5,143	299.4	5,601	317.3	5,990	330.6
San Diego	7,005	257.0	7,576	272.9	8,592	303.6	9,092	315.5	10,258	349.5
San Francisco	2,605	343.6	2,718	354.6	3,100	397.0	3,030	384.4	3,346	423.7
San Joaquin	1,313	241.5	1,571	283.2	1,941	342.3	2,099	356.7	2,351	388.3
San Luis Obispo	344	143.1	263	107.9	324	130.8	293	116.5	467	183.5
San Mateo	965	138.7	980	139.8	1,061	149.4	1,215	170.0	1,407	197.1
Santa Barbara	730	186.2	825	208.9	810	202.1	883	218.3	973	238.6
Santa Clara	3,349	202.9	3,426	205.7	3,908	231.0	4,107	239.5	4,360	253.7
Santa Cruz	336	134.5	400	158.0	540	210.6	575	223.1	526	203.1
Shasta	331	204.4	281	173.2	389	236.6	381	227.5	449	262.4
Sierra	1	26.0	-	-	3	83.3	5	141.6	2	56.8
Siskiyou	65	146.2	45	101.7	66	148.3	59	133.0	80	180.6
Solano	1,162	306.0	1,044	268.9	1,049	265.4	1,179	292.9	1,303	318.8
Sonoma	480	107.8	515	113.6	569	123.6	551	118.0	762	162.1
Stanislaus	953	220.9	1,039	235.7	1,053	234.1	1,267	273.7	1,292	270.8
Sutter	116	150.8	120	153.8	141	177.6	167	206.9	159	192.7
Tehama	78	140.8	85	153.2	94	167.9	88	155.8	116	202.4
Trinity	11	83.3	4	30.7	5	38.5	4	30.8	11	84.0
Tulare	981	272.4	1,044	286.6	1,395	377.8	1,464	390.4	1,543	403.9
Tuolumne	41	75.9	34	62.8	74	135.0	57	102.7	55	97.9
Ventura	973	133.5	983	132.3	1,180	155.9	1,235	160.2	1,482	188.6
Yolo	255	157.7	242	146.4	286	169.0	272	156.7	366	204.5
Yuba	86	141.4	119	197.7	140	231.8	165	269.6	203	325.3

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 3. Chlamydia, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2002

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**110,356**	**312.6**	**81,272**	**456.1**	**28,416**	**158.0**	**668**
Ages 0 - 9	321	5.6	218	7.8	103	3.5	0
10 - 14	1,494	51.8	1,320	93.9	166	11.2	8
15 - 19	32,853	1,321.5	26,951	2,233.1	5,742	448.9	160
20 - 24	38,371	1,603.7	28,621	2,509.8	9,539	761.7	211
25 - 29	18,316	812.7	12,686	1,178.2	5,534	470.1	96
30 - 34	9,193	350.5	5,946	482.0	3,189	229.5	58
35 - 44	6,998	121.4	3,994	142.6	2,948	99.5	56
45+	2,107	18.0	1,081	17.5	1,018	18.5	8
Not Specified	703	-	455	-	177	-	71
Native American/Alaskan Native	**354**	**166.8**	**266**	**245.7**	**87**	**83.7**	**1**
Ages 0 - 9	1	3.6	1	7.3	0	0.0	0
10 - 14	8	55.0	8	111.9	0	0.0	0
15 - 19	131	880.8	112	1,555.3	19	247.7	0
20 - 24	134	853.6	98	1,300.1	35	428.9	1
25 - 29	37	255.5	22	309.8	15	203.2	0
30 - 34	18	115.5	11	145.8	7	87.0	0
35 - 44	12	35.0	6	34.3	6	35.8	0
45+	10	13.3	5	12.3	5	14.5	0
Not Specified	3	-	3	-	0	-	0
Asian/Pacific Islander	**4,408**	**102.8**	**3,407**	**156.5**	**984**	**46.6**	**17**
Ages 0 - 9	7	1.0	2	0.6	5	1.4	0
10 - 14	36	10.8	35	21.6	1	0.6	0
15 - 19	1,001	321.5	867	572.6	131	81.9	3
20 - 24	1,618	530.3	1,262	845.9	352	225.7	4
25 - 29	803	257.4	582	380.0	219	137.9	2
30 - 34	436	129.0	301	179.2	132	77.7	3
35 - 44	362	52.9	259	73.9	100	29.9	3
45+	124	9.4	80	11.3	43	7.0	1
Not Specified	21	-	19	-	1	-	1
African American/Black	**15,063**	**634.7**	**10,142**	**847.5**	**4,887**	**415.3**	**34**
Ages 0 - 9	54	14.1	38	20.3	16	8.2	0
10 - 14	329	152.2	284	266.1	43	39.3	2
15 - 19	5,801	3,148.1	4,429	4,958.5	1,356	1,428.1	16
20 - 24	5,107	2,737.3	3,463	4,055.2	1,634	1,615.1	10
25 - 29	1,923	1,156.6	1,117	1,459.0	805	897.3	1
30 - 34	896	514.4	433	522.8	461	504.6	2
35 - 44	693	181.1	281	143.8	410	219.0	2
45+	217	31.8	75	20.1	142	46.1	0
Not Specified	43	-	22	-	20	-	1
Hispanic/Latino	**37,497**	**330.3**	**28,398**	**518.9**	**9,034**	**153.6**	**65**
Ages 0 - 9	111	4.1	71	5.4	40	2.9	0
10 - 14	466	40.1	409	72.1	56	9.4	1
15 - 19	10,714	1,206.7	8,711	2,014.4	1,986	436.0	17
20 - 24	13,354	1,610.7	10,065	2,546.8	3,271	753.9	18
25 - 29	6,737	843.1	4,861	1,298.3	1,863	438.7	13
30 - 34	3,207	337.9	2,299	555.9	897	167.5	11
35 - 44	2,195	125.0	1,481	184.1	709	74.5	5
45+	518	22.8	362	31.1	156	14.1	0
Not Specified	195	-	139	-	56	-	0
White	**13,619**	**77.5**	**9,763**	**110.2**	**3,830**	**44.0**	**26**
Ages 0 - 9	24	1.2	18	1.9	6	0.6	0
10 - 14	173	14.9	162	28.8	11	1.8	0
15 - 19	4,378	402.5	3,838	729.0	535	95.3	5
20 - 24	4,814	455.8	3,599	715.5	1,205	217.8	10
25 - 29	1,921	199.7	1,202	258.2	713	143.6	6
30 - 34	964	84.1	471	83.9	492	84.2	1
35 - 44	926	31.9	317	22.1	605	41.1	4
45+	344	4.7	101	2.6	243	7.0	0
Not Specified	75	-	55	-	20	-	0
Other/Unknown	**39,415**	**-**	**29,296**	**-**	**9,594**	**-**	**525**
Ages 0 - 9	124	-	88	-	36	-	0
10 - 14	482	-	422	-	55	-	5
15 - 19	10,828	-	8,994	-	1,715	-	119
20 - 24	13,344	-	10,134	-	3,042	-	168
25 - 29	6,895	-	4,902	-	1,919	-	74
30 - 34	3,672	-	2,431	-	1,200	-	41
35 - 44	2,810	-	1,650	-	1,118	-	42
45+	894	-	458	-	429	-	7
Not Specified	366	-	217	-	80	-	69

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 4. Chlamydia, Cases and Rates for Females of Select Age Groups, California Counties & Selected City Health Jurisdictions, 2002

HEALTH JURISDICTION	Ages 15–19		Ages 15–24		Ages 15–44	
	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**26,951**	**2,233.1**	**55,572**	**2,367.6**	**78,198**	**1,048.6**
Alameda	1,306	2,692.2	2,528	2,684.7	3,563	1,118.3
— Berkeley[1]	61	1,501.6	126	1,042.4	163	536.8
Alpine	-	-	-	-	-	-
Amador	7	679.0	19	900.9	22	389.4
Butte	107	1,403.3	234	1,558.9	274	634.2
Calaveras	15	1,015.6	21	718.4	22	275.9
Colusa	9	1,055.1	16	901.9	24	520.6
Contra Costa	748	2,360.6	1,317	2,136.5	1,678	886.3
Del Norte	3	261.3	17	733.1	23	370.3
El Dorado	59	946.9	96	792.0	123	349.2
Fresno	1,351	4,112.6	2,660	4,154.6	3,571	1,996.8
Glenn	20	1,657.0	37	1,487.7	41	654.8
Humboldt	84	1,817.4	169	1,821.9	205	741.7
Imperial	130	1,959.3	275	2,030.3	349	986.5
Inyo	4	596.1	8	607.0	11	336.6
Kern	847	3,034.4	1,637	3,060.8	2,137	1,458.9
Kings	153	3,150.7	302	3,232.0	364	1,389.0
Lake	42	1,995.2	69	1,691.6	93	840.4
Lassen	17	1,484.7	27	1,171.4	33	527.6
Los Angeles	8,236	2,553.9	17,521	2,846.7	26,342	1,267.0
— Long Beach[1]	460	3,199.6	1,045	2,885.3	1,496	1,277.4
— Pasadena[1]	46	1,190.5	111	1,180.3	176	510.5
Madera	125	2,623.8	235	2,152.0	335	1,089.9
Marin	57	870.0	133	1,038.3	208	363.7
Mariposa	7	1,190.5	11	971.7	12	382.7
Mendocino	59	1,753.9	101	1,498.5	121	668.3
Merced	205	2,151.3	411	2,265.1	533	1,116.1
Modoc	6	1,759.5	9	1,165.8	9	451.6
Mono	1	268.1	3	424.3	5	232.5
Monterey	298	2,040.7	642	2,309.4	943	1,177.6
Napa	36	851.1	78	923.2	96	367.8
Nevada	41	1,232.7	59	875.6	69	374.8
Orange	1,064	1,194.0	2,525	1,476.0	3,922	662.5
Placer	80	832.6	158	873.2	193	364.5
Plumas	5	676.6	9	573.2	13	329.0
Riverside	1,096	1,767.0	2,312	1,955.2	3,147	914.3
Sacramento	1,417	3,176.4	2,601	3,002.7	3,423	1,272.0
San Benito	25	1,294.0	58	1,484.1	83	707.3
San Bernardino	1,679	2,345.8	3,409	2,508.3	4,493	1,152.2
San Diego	2,278	2,265.9	5,070	2,426.3	6,978	1,033.2
San Francisco	607	3,373.2	1,179	3,320.1	1,743	1,076.9
San Joaquin	688	2,947.5	1,346	3,012.7	1,759	1,411.8
San Luis Obispo	118	1,128.1	247	1,093.7	320	528.2
San Mateo	311	1,350.1	651	1,462.6	975	632.2
Santa Barbara	280	1,855.0	574	1,893.3	756	859.1
Santa Clara	933	1,652.9	2,074	1,906.4	3,031	789.3
Santa Cruz	135	1,417.2	279	1,514.5	377	682.8
Shasta	146	2,137.3	271	2,051.8	316	852.9
Sierra	-	-	2	704.2	2	303.5
Siskiyou	30	1,812.7	51	1,465.5	60	672.3
Solano	386	2,472.9	752	2,502.3	964	1,107.6
Sonoma	226	1,400.1	410	1,327.3	528	545.3
Stanislaus	388	2,026.6	773	2,078.1	965	924.6
Sutter	55	1,761.1	94	1,550.1	125	714.4
Tehama	42	2,000.0	70	1,664.7	91	799.9
Trinity	1	208.8	5	508.6	7	279.4
Tulare	430	2,705.4	827	2,619.7	1,139	1,374.9
Tuolumne	20	1,136.4	38	1,012.3	42	378.0
Ventura	377	1,412.9	809	1,559.5	1,108	713.3
Yolo	103	1,335.2	229	1,299.5	277	640.2
Yuba	58	2,070.7	114	2,214.9	155	1,110.1

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population. These age groupings are selected for comparison to other health outcomes for adolescents (15–19), HEDIS (15–25), with 15–24 as an approximation, and reproductive-age females (15–44).

Source: California Department of Health Services, STD Control Branch

Table 5. Chlamydia Prevalence Monitoring, Number Tested and Percent Positive for Females Ages 15–19 and 20–24 by Health Care Setting, California, 2002

Health Care Setting	Number of Sites	Females Ages 15–19			Females Ages 20–24			Female Totals		
		Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	41	31,464	1,641	5.2%	45,602	1,459	3.2%	151,725	4,085	2.7%
Family Planning Clinics	30	7,955	545	6.9%	9,693	524	5.4%	33,573	1,383	4.1%
College Sites	6	264	18	6.8%	411	30	7.3%	893	59	6.6%
Teen Clinics	1	365	21	5.8%	114	6	5.3%	507	29	5.7%
School-Based Sites	5	613	42	6.9%	15	3	20.0%	657	49	7.5%
Juvenile Detention	20	6,467	939	14.5%	32	3	9.4%	7,845	1,098	14.0%
STD Clinics	14	2,126	467	22.0%	3,987	535	13.4%	14,872	1,433	9.6%

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 6. Chlamydia Prevalence Monitoring, Self-Reported Symptoms Among Chlamydia Cases at Family Planning and STD Clinics, California, 2002

Symptom Status	Family Planning Females		STD Females*		STD Males*	
	Number	Percent of All Positives	Number	Percent of All Positives	Number	Percent of All Positives
All Positives	1,383		453		1,220	
Symptomatic	286	20.7%	168	37.1%	537	44.0%
Asymptomatic	866	62.6%	261	57.6%	675	55.3%
Unknown Symptom Status	231	16.7%	24	5.3%	8	0.7%

* Excludes supplemental data from Los Angeles STD clinics, as symptom data was not collected.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 7. Chlamydia Prevalence Monitoring, Percent Positive for Family Planning Clinics* by Gender, Race/Ethnicity and Age Group, California, 2002

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	**37,875**	**1,822**	**4.8%**	**33,573**	**1,383**	**4.1%**	**4,302**	**439**	**10.2%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	266	22	8.3%	243	21	8.6%	23	1	4.3%
15 - 19	8,882	635	7.1%	7,955	545	6.9%	927	90	9.7%
20 - 24	11,072	728	6.6%	9,693	524	5.4%	1,379	204	14.8%
25 - 29	6,363	226	3.6%	5,685	145	2.6%	678	81	11.9%
30 - 34	4,410	105	2.4%	3,935	79	2.0%	475	26	5.5%
35+	6,804	103	1.5%	5,996	68	1.1%	808	35	4.3%
Not Specified	78	3	3.8%	66	1	1.5%	12	2	16.7%
Native American/Alaskan Native	**230**	**15**	**6.5%**	**187**	**10**	**5.3%**	**43**	**5**	**11.6%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	4	1	25.0%	4	1	25.0%	0	0	0.0%
15 - 19	82	2	2.4%	72	1	1.4%	10	1	10.0%
20 - 24	67	6	9.0%	49	4	8.2%	18	2	11.1%
25 - 29	37	2	5.4%	30	1	3.3%	7	1	14.3%
30 - 34	13	0	0.0%	12	0	0.0%	1	0	0.0%
35+	27	4	14.8%	20	3	15.0%	7	1	14.3%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	**2,615**	**80**	**3.1%**	**2,442**	**68**	**2.8%**	**173**	**12**	**6.9%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	9	1	11.1%	9	1	11.1%	0	0	0.0%
15 - 19	388	22	5.7%	353	20	5.7%	35	2	5.7%
20 - 24	550	31	5.6%	503	22	4.4%	47	9	19.1%
25 - 29	338	5	1.5%	313	5	1.6%	25	0	0.0%
30 - 34	302	5	1.7%	281	4	1.4%	21	1	4.8%
35+	1,023	16	1.6%	978	16	1.6%	45	0	0.0%
Not Specified	5	0	0.0%	5	0	0.0%	0	0	0.0%
African American/Black	**5,384**	**443**	**8.2%**	**4,678**	**307**	**6.6%**	**706**	**136**	**19.3%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	42	5	11.9%	37	5	13.5%	5	0	0.0%
15 - 19	1,097	160	14.6%	994	135	13.6%	103	25	24.3%
20 - 24	1,565	172	11.0%	1,332	112	8.4%	233	60	25.8%
25 - 29	951	61	6.4%	831	33	4.0%	120	28	23.3%
30 - 34	677	25	3.7%	598	15	2.5%	79	10	12.7%
35+	1,041	19	1.8%	876	6	0.7%	165	13	7.9%
Not Specified	11	1	9.1%	10	1	10.0%	1	0	0.0%
Hispanic/Latino	**16,629**	**705**	**4.2%**	**14,930**	**564**	**3.8%**	**1,699**	**141**	**8.3%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	87	5	5.7%	75	5	6.7%	12	0	0.0%
15 - 19	3,301	234	7.1%	2,907	200	6.9%	394	34	8.6%
20 - 24	4,679	292	6.2%	4,135	222	5.4%	544	70	12.9%
25 - 29	3,107	94	3.0%	2,829	73	2.6%	278	21	7.6%
30 - 34	2,284	44	1.9%	2,110	38	1.8%	174	6	3.4%
35+	3,135	36	1.1%	2,841	26	0.9%	294	10	3.4%
Not Specified	36	0	0.0%	33	0	0.0%	3	0	0.0%
White	**10,768**	**455**	**4.2%**	**9,429**	**345**	**3.7%**	**1,339**	**110**	**8.2%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	113	8	7.1%	108	8	7.4%	5	0	0.0%
15 - 19	3,544	184	5.2%	3,210	160	5.0%	334	24	7.2%
20 - 24	3,526	178	5.0%	3,112	133	4.3%	414	45	10.9%
25 - 29	1,531	45	2.9%	1,341	23	1.7%	190	22	11.6%
30 - 34	871	22	2.5%	713	14	2.0%	158	8	5.1%
35+	1,167	16	1.4%	935	7	0.7%	232	9	3.9%
Not Specified	16	2	12.5%	10	0	0.0%	6	2	33.3%
Other/Mixed/Unknown	**2,249**	**124**	**5.5%**	**1,907**	**89**	**4.7%**	**342**	**35**	**10.2%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	11	2	18.2%	10	1	10.0%	1	1	100.0%
15 - 19	470	33	7.0%	419	29	6.9%	51	4	7.8%
20 - 24	685	49	7.2%	562	31	5.5%	123	18	14.6%
25 - 29	399	19	4.8%	341	10	2.9%	58	9	15.5%
30 - 34	263	9	3.4%	221	8	3.6%	42	1	2.4%
35+	411	12	2.9%	346	10	2.9%	65	2	3.1%
Not Specified	10	0	0.0%	8	0	0.0%	2	0	0.0%

* Includes data for 20 agencies (30 clinic sites).

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 8. Chlamydia Prevalence Monitoring, Percent Positive for STD Clinics* by Gender, Race/Ethnicity and Age Group, California, 2002

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	**46,444**	**4,362**	**9.4%**	**14,872**	**1,433**	**9.6%**	**31,572**	**2,929**	**9.3%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	102	23	22.5%	79	20	25.3%	23	3	13.0%
15 - 19	3,749	777	20.7%	2,126	467	22.0%	1,623	310	19.1%
20 - 24	10,027	1,436	14.3%	3,987	535	13.4%	6,040	901	14.9%
25 - 29	9,249	899	9.7%	2,724	220	8.1%	6,525	679	10.4%
30 - 34	7,653	568	7.4%	2,023	96	4.7%	5,630	472	8.4%
35+	15,643	659	4.2%	3,918	95	2.4%	11,725	564	4.8%
Not Specified	21	0	0.0%	15	0	0.0%	6	0	0.0%
Native American/Alaskan Native	**116**	**10**	**8.6%**	**44**	**1**	**2.3%**	**72**	**9**	**12.5%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1	0	0.0%	1	0	0.0%	0	0	0.0%
15 - 19	8	2	25.0%	4	1	25.0%	4	1	25.0%
20 - 24	23	1	4.3%	13	0	0.0%	10	1	10.0%
25 - 29	29	3	10.3%	12	0	0.0%	17	3	17.6%
30 - 34	20	2	10.0%	4	0	0.0%	16	2	12.5%
35+	35	2	5.7%	10	0	0.0%	25	2	8.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	**1,886**	**136**	**7.2%**	**682**	**45**	**6.6%**	**1,204**	**91**	**7.6%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	2	1	50.0%	1	1	100.0%	1	0	0.0%
15 - 19	108	9	8.3%	77	7	9.1%	31	2	6.5%
20 - 24	439	36	8.2%	219	17	7.8%	220	19	8.6%
25 - 29	566	36	6.4%	215	14	6.5%	351	22	6.3%
30 - 34	356	28	7.9%	96	5	5.2%	260	23	8.8%
35+	413	26	6.3%	73	1	1.4%	340	25	7.4%
Not Specified	2	0	0.0%	1	0	0.0%	1	0	0.0%
African American/Black	**4,823**	**513**	**10.6%**	**1,647**	**139**	**8.4%**	**3,176**	**374**	**11.8%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	19	5	26.3%	13	3	23.1%	6	2	33.3%
15 - 19	508	96	18.9%	315	58	18.4%	193	38	19.7%
20 - 24	967	149	15.4%	423	48	11.3%	544	101	18.6%
25 - 29	775	83	10.7%	268	16	6.0%	507	67	13.2%
30 - 34	752	82	10.9%	196	7	3.6%	556	75	13.5%
35+	1,801	98	5.4%	432	7	1.6%	1,369	91	6.6%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
Hispanic/Latino	**6,450**	**486**	**7.5%**	**2,210**	**160**	**7.2%**	**4,240**	**326**	**7.7%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	27	7	25.9%	20	7	35.0%	7	0	0.0%
15 - 19	732	84	11.5%	367	44	12.0%	365	40	11.0%
20 - 24	1,554	162	10.4%	552	52	9.4%	1,002	110	11.0%
25 - 29	1,427	115	8.1%	435	22	5.1%	992	93	9.4%
30 - 34	1,128	64	5.7%	352	23	6.5%	776	41	5.3%
35+	1,575	54	3.4%	478	12	2.5%	1,097	42	3.8%
Not Specified	7	0	0.0%	6	0	0.0%	1	0	0.0%
White	**10,776**	**485**	**4.5%**	**2,260**	**90**	**4.0%**	**8,516**	**395**	**4.6%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	20	1	5.0%	16	1	6.3%	4	0	0.0%
15 - 19	490	51	10.4%	252	25	9.9%	238	26	10.9%
20 - 24	1,648	82	5.0%	610	32	5.2%	1,038	50	4.8%
25 - 29	2,103	98	4.7%	487	16	3.3%	1,616	82	5.1%
30 - 34	1,948	88	4.5%	338	8	2.4%	1,610	80	5.0%
35+	4,567	165	3.6%	557	8	1.4%	4,010	157	3.9%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Other/Mixed/Unknown	**22,393**	**2,732**	**12.2%**	**8,029**	**998**	**12.4%**	**14,364**	**1,734**	**12.1%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	33	9	27.3%	28	8	28.6%	5	1	20.0%
15 - 19	1,903	535	28.1%	1,111	332	29.9%	792	203	25.6%
20 - 24	5,396	1,006	18.6%	2,170	386	17.8%	3,226	620	19.2%
25 - 29	4,349	564	13.0%	1,307	152	11.6%	3,042	412	13.5%
30 - 34	3,449	304	8.8%	1,037	53	5.1%	2,412	251	10.4%
35+	7,252	314	4.3%	2,368	67	2.8%	4,884	247	5.1%
Not Specified	11	0	0.0%	8	0	0.0%	3	0	0.0%

* Includes data for 4 agencies (14 clinic sites).

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 9. Chlamydia Prevalence Monitoring, Percent Positive for Juvenile Hall Facilities* by Gender, Race/Ethnicity and Age Group, California, 2002

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	**31,561**	**2,354**	**7.5%**	**7,845**	**1,098**	**14.0%**	**23,716**	**1,256**	**5.3%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	4,319	194	4.5%	1,341	156	11.6%	2,978	38	1.3%
15 - 16	12,841	904	7.0%	3,518	511	14.5%	9,323	393	4.2%
17 - 19	14,249	1,245	8.7%	2,949	428	14.5%	11,300	817	7.2%
20+	136	11	8.1%	34	3	8.8%	102	8	7.8%
Not Specified	16	0	0.0%	3	0	0.0%	13	0	0.0%
Native American/Alaskan Native	**66**	**7**	**10.6%**	**21**	**6**	**28.6%**	**45**	**1**	**2.2%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	14	2	14.3%	9	2	22.2%	5	0	0.0%
15 - 16	34	2	5.9%	6	2	33.3%	28	0	0.0%
17 - 19	17	3	17.6%	6	2	33.3%	11	1	9.1%
20+	1	0	0.0%	0	0	0.0%	1	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	**1,088**	**44**	**4.0%**	**197**	**20**	**10.2%**	**891**	**24**	**2.7%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	123	3	2.4%	27	2	7.4%	96	1	1.0%
15 - 16	419	18	4.3%	72	11	15.3%	347	7	2.0%
17 - 19	545	23	4.2%	98	7	7.1%	447	16	3.6%
20+	1	0	0.0%	0	0	0.0%	1	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
African American/Black	**9,994**	**1,026**	**10.3%**	**2,822**	**452**	**16.0%**	**7,172**	**574**	**8.0%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,699	96	5.7%	539	78	14.5%	1,160	18	1.6%
15 - 16	4,058	387	9.5%	1,199	200	16.7%	2,859	187	6.5%
17 - 19	4,183	537	12.8%	1,068	171	16.0%	3,115	366	11.7%
20+	50	6	12.0%	14	3	21.4%	36	3	8.3%
Not Specified	4	0	0.0%	2	0	0.0%	2	0	0.0%
Hispanic/Latino	**15,797**	**1,006**	**6.4%**	**3,076**	**420**	**13.7%**	**12,721**	**586**	**4.6%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,849	62	3.4%	507	46	9.1%	1,342	16	1.2%
15 - 16	6,421	384	6.0%	1,458	207	14.2%	4,963	177	3.6%
17 - 19	7,456	555	7.4%	1,102	167	15.2%	6,354	388	6.1%
20+	66	5	7.6%	8	0	0.0%	58	5	8.6%
Not Specified	5	0	0.0%	1	0	0.0%	4	0	0.0%
White	**3,273**	**142**	**4.3%**	**1,037**	**105**	**10.1%**	**2,236**	**37**	**1.7%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	445	17	3.8%	163	17	10.4%	282	0	0.0%
15 - 16	1,338	54	4.0%	443	42	9.5%	895	12	1.3%
17 - 19	1,478	71	4.8%	425	46	10.8%	1,053	25	2.4%
20+	9	0	0.0%	6	0	0.0%	3	0	0.0%
Not Specified	3	0	0.0%	0	0	0.0%	3	0	0.0%
Other/Mixed/Unknown	**1,343**	**129**	**9.6%**	**692**	**95**	**13.7%**	**651**	**34**	**5.2%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	189	14	7.4%	96	11	11.5%	93	3	3.2%
15 - 16	571	59	10.3%	340	49	14.4%	231	10	4.3%
17 - 19	570	56	9.8%	250	35	14.0%	320	21	6.6%
20+	9	0	0.0%	6	0	0.0%	3	0	0.0%
Not Specified	4	0	0.0%	0	0	0.0%	4	0	0.0%

* Includes data for 20 facilities.

Source: California Department of Health Services, STD Control Branch

Table 10. Chlamydia Prevalence Monitoring, Number Tested and Percent Positive in a Northern California Managed Care Organization by Age Group and Gender, 2002

	Total			Females			Males		
Age Group	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	1,839	89	4.8%	1,620	82	5.1%	219	7	3.2%
15-19	34,640	1,856	5.4%	31,464	1,641	5.2%	3,176	215	6.8%
20-24	48,967	1,810	3.7%	45,602	1,459	3.2%	3,365	351	10.4%
25-29	31,318	736	2.4%	28,533	514	1.8%	2,785	222	8.0%
30-34	21,455	385	1.8%	18,854	224	1.2%	2,601	161	6.2%
35+	31,937	360	1.1%	25,652	165	0.6%	6,285	195	3.1%
Total	**170,156**	**5,236**	**3.1%**	**151,725**	**4,085**	**2.7%**	**18,431**	**1,151**	**6.2%**

Source: California Department of Health Services, STD Control Branch

Table 11. Gonorrhea, Cases and Rates, California Counties & Selected City Health Jurisdictions, 1998–2002

COUNTY	1998		1999		2000		2001		2002	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**19,555**	**59.5**	**18,654**	**55.8**	**21,632**	**63.6**	**23,277**	**67.1**	**24,625**	**69.8**
Alameda	1,812	129.3	1,813	127.4	1,904	131.1	2,134	144.3	2,051	137.7
— Berkeley[1]	78	76.0	116	112.6	110	106.3	105	100.4	113	107.9
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	1	2.9	4	11.5	2	5.7	2	5.6	1	2.8
Butte	23	11.5	27	13.4	34	16.7	29	14.1	21	10.1
Calaveras	-	-	1	2.5	4	9.8	2	4.8	3	7.1
Colusa	1	5.4	1	5.4	3	15.9	5	26.1	1	5.1
Contra Costa	617	67.1	587	62.6	573	60.1	679	69.7	645	65.3
Del Norte	2	7.2	4	14.5	1	3.6	2	7.3	1	3.6
El Dorado	10	6.6	10	6.5	8	5.1	6	3.7	16	9.7
Fresno	533	68.3	631	79.9	712	88.5	785	95.8	1,089	130.4
Glenn	-	-	-	-	2	7.5	1	3.8	1	3.7
Humboldt	129	102.8	97	76.7	35	27.7	28	22.0	20	15.7
Imperial	41	29.5	22	15.6	23	15.7	43	28.9	62	40.8
Inyo	1	5.5	1	5.5	-	-	1	5.5	1	5.5
Kern	406	63.4	507	77.6	569	85.4	837	123.0	815	116.9
Kings	54	43.8	49	38.5	58	44.5	44	33.2	55	40.8
Lake	9	15.8	5	8.7	2	3.4	4	6.7	1	1.6
Lassen	6	17.9	1	3.0	2	5.9	2	5.8	2	5.9
Los Angeles	6,582	71.0	6,625	70.5	7,934	83.0	8,449	86.8	8,416	85.0
— Long Beach[1]	541	121.0	538	118.3	576	124.3	638	135.6	565	118.5
— Pasadena[1]	55	41.7	41	30.8	51	37.9	52	38.1	57	40.7
Madera	47	39.5	31	25.5	28	22.1	33	25.6	54	41.0
Marin	40	16.5	41	16.7	55	22.2	73	29.4	48	19.3
Mariposa	-	-	1	5.9	1	5.9	2	11.9	6	34.5
Mendocino	6	7.0	5	5.8	9	10.4	11	12.6	12	13.7
Merced	84	41.1	41	19.8	55	26.1	59	27.3	71	31.9
Modoc	-	-	1	10.6	1	10.6	1	10.6	-	-
Mono	-	-	2	15.9	1	7.8	1	7.6	-	-
Monterey	113	29.2	78	19.8	75	18.6	84	20.6	112	27.2
Napa	16	13.2	13	10.6	13	10.4	16	12.6	7	5.4
Nevada	-	-	2	2.2	5	5.4	7	7.4	2	2.1
Orange	521	18.9	572	20.4	568	19.9	664	22.8	686	23.2
Placer	17	7.3	12	4.9	22	8.8	22	8.4	28	10.3
Plumas	3	14.4	-	-	1	4.8	1	4.8	-	-
Riverside	444	30.3	319	21.1	438	28.2	637	39.5	731	43.6
Sacramento	1,538	131.9	1,230	102.1	1,308	106.4	1,168	92.4	1,442	111.1
San Benito	7	13.9	7	13.4	5	9.3	3	5.4	14	25.0
San Bernardino	895	54.2	740	44.0	1,075	62.6	1,277	72.3	1,514	83.6
San Diego	1,587	58.2	1,560	56.2	1,798	63.5	1,860	64.5	2,132	72.6
San Francisco	1,849	243.9	1,606	209.5	2,160	276.6	2,053	260.5	2,136	270.4
San Joaquin	453	83.3	485	87.4	468	82.5	523	88.9	645	106.5
San Luis Obispo	31	12.9	31	12.7	26	10.5	21	8.3	30	11.8
San Mateo	174	25.0	200	28.5	219	30.8	238	33.3	180	25.2
Santa Barbara	52	13.3	41	10.4	52	13.0	87	21.5	71	17.4
Santa Clara	453	27.4	418	25.1	446	26.4	546	31.8	502	29.2
Santa Cruz	45	18.0	24	9.5	42	16.4	47	18.2	32	12.4
Shasta	36	22.2	54	33.3	57	34.7	14	8.4	42	24.5
Sierra	-	-	-	-	2	55.6	-	-	-	-
Siskiyou	6	13.5	7	15.8	6	13.5	6	13.5	3	6.8
Solano	326	85.9	319	82.2	249	63.0	221	54.9	273	66.8
Sonoma	34	7.6	31	6.8	63	13.7	40	8.6	85	18.1
Stanislaus	234	54.2	135	30.6	234	52.0	204	44.1	160	33.5
Sutter	17	22.1	25	32.1	33	41.6	20	24.8	30	36.4
Tehama	7	12.6	8	14.4	5	8.9	2	3.5	2	3.5
Trinity	3	22.7	-	-	-	-	1	7.7	1	7.6
Tulare	142	39.4	76	20.9	85	23.0	94	25.1	147	38.5
Tuolumne	12	22.2	5	9.2	2	3.6	1	1.8	2	3.6
Ventura	101	13.9	100	13.5	95	12.6	139	18.0	169	21.5
Yolo	21	13.0	27	16.3	33	19.5	37	21.3	28	15.6
Yuba	14	23.0	22	36.5	31	51.3	11	18.0	27	43.3

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 12. Gonorrhea, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2002

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**24,625**	**69.8**	**10,860**	**60.9**	**13,601**	**75.6**	**164**
Ages 0 - 9	79	1.4	34	1.2	45	1.5	0
10 - 14	270	9.4	240	17.1	28	1.9	2
15 - 19	5,164	207.7	3,647	302.2	1,487	116.3	30
20 - 24	6,568	274.5	3,336	292.5	3,194	255.0	38
25 - 29	4,050	179.7	1,612	149.7	2,411	204.8	27
30 - 34	3,004	114.5	908	73.6	2,083	149.9	13
35 - 44	3,864	67.1	778	27.8	3,066	103.5	20
45+	1,424	12.2	242	3.9	1,174	21.3	8
Not Specified	202	-	63	-	113	-	26
Native American/Alaskan Native	**64**	**30.2**	**40**	**36.9**	**24**	**23.1**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	6.9	1	14.0	0	0.0	0
15 - 19	13	87.4	11	152.8	2	26.1	0
20 - 24	23	146.5	18	238.8	5	61.3	0
25 - 29	5	34.5	2	28.2	3	40.6	0
30 - 34	4	25.7	2	26.5	2	24.9	0
35 - 44	13	37.9	5	28.5	8	47.8	0
45+	4	5.3	0	0.0	4	11.6	0
Not Specified	1	-	1	-	0	-	0
Asian/Pacific Islander	**562**	**13.1**	**248**	**11.4**	**312**	**14.8**	**2**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	4	1.2	4	2.5	0	0.0	0
15 - 19	72	23.1	52	34.3	20	12.5	0
20 - 24	158	51.8	86	57.6	72	46.2	0
25 - 29	122	39.1	42	27.4	80	50.4	0
30 - 34	86	25.4	22	13.1	64	37.7	0
35 - 44	74	10.8	25	7.1	48	14.4	1
45+	43	3.3	16	2.3	26	4.2	1
Not Specified	3	-	1	-	2	-	0
African American/Black	**6,971**	**293.7**	**3,467**	**289.7**	**3,483**	**296.0**	**21**
Ages 0 - 9	35	9.2	14	7.5	21	10.8	0
10 - 14	103	47.6	94	88.1	9	8.2	0
15 - 19	1,915	1,039.2	1,380	1,545.0	529	557.1	6
20 - 24	2,047	1,097.2	1,104	1,292.8	937	926.1	6
25 - 29	1,045	628.5	423	552.5	617	687.8	5
30 - 34	699	401.3	226	272.9	472	516.7	1
35 - 44	793	207.3	162	82.9	629	336.0	2
45+	313	45.9	57	15.3	255	82.8	1
Not Specified	21	-	7	-	14	-	0
Hispanic/Latino	**4,387**	**38.6**	**2,026**	**37.0**	**2,347**	**39.9**	**14**
Ages 0 - 9	9	0.3	3	0.2	6	0.4	0
10 - 14	54	4.7	49	8.6	5	0.8	0
15 - 19	932	105.0	629	145.5	302	66.3	1
20 - 24	1,346	162.3	629	159.2	713	164.3	4
25 - 29	824	103.1	326	87.1	493	116.1	5
30 - 34	529	55.7	196	47.4	331	61.8	2
35 - 44	538	30.6	147	18.3	389	40.9	2
45+	131	5.8	33	2.8	98	8.9	0
Not Specified	24	-	14	-	10	-	0
White	**3,925**	**22.3**	**1,149**	**13.0**	**2,774**	**31.8**	**2**
Ages 0 - 9	7	0.4	5	0.5	2	0.2	0
10 - 14	24	2.1	23	4.1	1	0.2	0
15 - 19	451	41.5	322	61.2	129	23.0	0
20 - 24	721	68.3	372	74.0	348	62.9	1
25 - 29	622	64.7	177	38.0	444	89.4	1
30 - 34	649	56.6	105	18.7	544	93.1	0
35 - 44	1,029	35.4	105	7.3	924	62.7	0
45+	397	5.4	32	0.8	365	10.6	0
Not Specified	25	-	8	-	17	-	0
Other/Unknown	**8,716**	**-**	**3,930**	**-**	**4,661**	**-**	**125**
Ages 0 - 9	28	-	12	-	16	-	0
10 - 14	84	-	69	-	13	-	2
15 - 19	1,781	-	1,253	-	505	-	23
20 - 24	2,273	-	1,127	-	1,119	-	27
25 - 29	1,432	-	642	-	774	-	16
30 - 34	1,037	-	357	-	670	-	10
35 - 44	1,417	-	334	-	1,068	-	15
45+	536	-	104	-	426	-	6
Not Specified	128	-	32	-	70	-	26

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 13. Gonorrhea, Cases & Rates for Select Age Groups by Gender, California Counties & Selected City Health Jurisdictions, 2002

COUNTY	Ages 15–24				Ages 25–64			
	Females		Males		Females		Males	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**6,983**	**297.5**	**4,681**	**184.9**	**3,529**	**38.9**	**8,684**	**92.4**
Alameda	679	721.1	387	392.4	338	81.9	597	144.5
— Berkeley[1]	43	355.8	23	168.6	8	29.4	35	127.8
Alpine	-	-	-	-	-	-	-	-
Amador	-	-	-	-	1	12.4	-	-
Butte	9	60.0	6	38.6	3	5.6	3	5.6
Calaveras	1	34.2	-	-	-	-	2	18.7
Colusa	-	-	-	-	-	-	1	17.7
Contra Costa	241	391.0	120	183.8	106	41.1	147	58.1
Del Norte	1	43.1	-	-	-	-	-	-
El Dorado	5	41.3	5	39.2	4	8.6	2	4.3
Fresno	414	646.6	240	359.1	207	104.6	177	88.6
Glenn	-	-	-	-	1	14.4	-	-
Humboldt	8	86.2	5	51.8	3	8.6	4	11.3
Imperial	25	184.6	15	91.7	8	21.9	11	28.3
Inyo	-	-	-	-	-	-	1	22.4
Kern	297	555.3	174	296.5	134	82.7	173	99.0
Kings	20	214.0	13	98.6	13	46.2	6	16.4
Lake	-	-	-	-	-	-	-	-
Lassen	-	-	1	22.8	1	13.4	-	-
Los Angeles	2,296	373.0	1,573	242.2	1,265	49.3	3,060	115.1
— Long Beach[1]	150	414.2	108	253.7	80	69.4	218	177.4
— Pasadena[1]	13	138.2	13	118.8	11	29.5	19	51.8
Madera	22	201.5	11	105.5	16	47.9	5	16.1
Marin	10	78.1	9	60.9	5	6.9	23	31.7
Mariposa	3	265.0	1	82.6	1	23.0	-	-
Mendocino	4	59.3	1	13.4	2	8.4	5	20.7
Merced	28	154.3	12	62.3	11	21.9	19	36.2
Modoc	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-
Monterey	44	158.3	23	66.6	20	21.3	23	20.5
Napa	1	11.8	1	11.1	3	8.9	2	5.7
Nevada	-	-	1	13.7	-	-	1	3.9
Orange	120	70.1	151	83.2	90	12.0	300	37.6
Placer	9	49.7	4	21.1	5	7.3	10	14.7
Plumas	-	-	-	-	-	-	-	-
Riverside	228	192.8	167	136.1	125	31.7	198	48.8
Sacramento	538	621.1	267	298.8	212	64.3	391	122.3
San Benito	6	153.5	6	142.8	1	7.4	1	7.2
San Bernardino	537	395.1	366	253.4	222	50.7	380	84.7
San Diego	473	226.4	413	159.7	224	29.9	882	112.6
San Francisco	227	639.2	228	616.2	129	56.1	1,506	627.1
San Joaquin	224	501.4	114	237.3	128	89.5	171	111.7
San Luis Obispo	9	39.9	8	30.8	3	4.8	9	13.1
San Mateo	38	85.4	38	80.7	13	6.2	87	41.3
Santa Barbara	20	66.0	25	76.9	6	5.8	17	15.2
Santa Clara	123	113.1	92	79.3	57	11.7	202	38.5
Santa Cruz	5	27.1	11	62.1	4	5.6	11	14.5
Shasta	14	106.0	7	49.6	14	29.9	7	15.6
Sierra	-	-	-	-	-	-	-	-
Siskiyou	1	28.7	1	26.6	1	8.6	-	-
Solano	104	346.1	52	160.4	37	35.1	69	60.5
Sonoma	21	68.0	13	39.9	7	5.4	41	31.9
Stanislaus	56	150.5	37	96.6	25	21.1	41	35.1
Sutter	11	181.4	7	106.7	6	28.4	6	28.8
Tehama	1	23.8	-	-	1	7.1	-	-
Trinity	1	101.7	-	-	-	-	-	-
Tulare	44	139.4	28	84.0	31	34.7	35	38.2
Tuolumne	2	53.3	-	-	-	-	-	-
Ventura	49	94.5	33	60.5	36	18.3	44	21.2
Yolo	6	34.0	7	37.8	4	9.9	9	22.7
Yuba	8	155.4	8	147.4	6	39.5	5	32.8

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 14. Gonorrhea Prevalence Monitoring, Number Tested and Percent Positive by Gender and Health Care Setting, California, 2002

Health Care Setting	Females			Males		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	154,327	662	0.4%	16,364	719	4.4%
Family Planning Clinics	30,901	217	0.7%	3,687	144	3.9%
College Sites	362	1	0.3%	166	4	2.4%
Teen Clinics	510	4	0.8%	95	1	1.1%
School-Based Sites	301	8	2.7%	7	0	0.0%
Juvenile Detention	6,795	298	4.4%	4,146	59	1.4%
STD Clinics	14,039	381	2.7%	30,560	1,487	4.9%

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 15. Gonorrhea Prevalence Monitoring, Chlamydia Positivity among Gonorrhea-Positive Females by Health Care Setting and Age Group, 2002

	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Hall Facilities		
	#	Among GC+		#	Among GC+		#	Among GC+		#	Among GC+	
Age Group	GC+	# CT+	% CT+	GC+	# CT+	% CT+	GC+	# CT+	% CT+	GC+	# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	2	2	100.0%	3	1	33.3%	10	6	60.0%	40	25	62.5%
15-19	80	32	40.0%	117	52	44.4%	289	138	47.8%	254	144	56.7%
20-24	69	22	31.9%	119	41	34.5%	190	66	34.7%	4	2	50.0%
25-29	33	9	27.3%	60	17	28.3%	71	20	28.2%	0	0	0.0%
30-34	12	1	8.3%	30	8	26.7%	43	7	16.3%	0	0	0.0%
35+	21	6	28.6%	32	4	12.5%	53	4	7.5%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	**217**	**72**	**33.2%**	**361**	**123**	**34.1%**	**656**	**241**	**36.7%**	**298**	**171**	**57.4%**

Note: GC+ counts exclude those records with no chlamydia test result.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 16. Gonorrhea Prevalence Monitoring, Chlamydia Positivity among Gonorrhea-Positive Males by Health Care Setting and Age Group, 2002

	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Hall Facilities		
	#	Among GC+		#	Among GC+		#	Among GC+		#	Among GC+	
Age Group	GC+	# CT+	% CT+	GC+	# CT+	% CT+	GC+	# CT+	% CT+	GC+	# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	1	0	0.0%	0	0	0.0%	2	0	0.0%	3	1	33.3%
15-19	25	10	40.0%	83	36	43.4%	99	22	22.2%	54	31	57.4%
20-24	63	17	27.0%	319	91	28.5%	158	8	5.1%	2	1	50.0%
25-29	19	4	21.1%	296	66	22.3%	96	4	4.2%	0	0	0.0%
30-34	16	1	6.3%	252	43	17.1%	97	3	3.1%	0	0	0.0%
35+	20	2	10.0%	440	51	11.6%	247	9	3.6%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	**144**	**34**	**23.6%**	**1,390**	**287**	**20.6%**	**699**	**46**	**6.6%**	**59**	**33**	**55.9%**

Note: GC+ counts exclude those records with no chlamydia test result.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 17. Gonorrhea Prevalence Monitoring, Percent Positive by Health Care Setting, Gender and Age Group, California, 2002

Health Care Setting & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Family Planning Clinics	**34,588**	**361**	**1.0%**	**30,901**	**217**	**0.7%**	**3,687**	**144**	**3.9%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	250	3	1.2%	230	2	0.9%	20	1	5.0%
15 - 19	8,404	105	1.2%	7,553	80	1.1%	851	25	2.9%
20 - 24	10,277	132	1.3%	9,010	69	0.8%	1,267	63	5.0%
25 - 29	5,691	52	0.9%	5,126	33	0.6%	565	19	3.4%
30 - 34	3,954	28	0.7%	3,580	12	0.3%	374	16	4.3%
35+	5,971	41	0.7%	5,369	21	0.4%	602	20	3.3%
Not Specified	41	0	0.0%	33	0	0.0%	8	0	0.0%
STD Clinics	**44,599**	**1,868**	**4.2%**	**14,039**	**381**	**2.7%**	**30,560**	**1,487**	**4.9%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	108	3	2.8%	81	3	3.7%	27	0	0.0%
15 - 19	3,660	212	5.8%	2,050	123	6.0%	1,610	89	5.5%
20 - 24	9,571	463	4.8%	3,705	125	3.4%	5,866	338	5.8%
25 - 29	8,601	379	4.4%	2,440	60	2.5%	6,161	319	5.2%
30 - 34	7,232	300	4.1%	1,899	35	1.8%	5,333	265	5.0%
35+	15,405	511	3.3%	3,849	35	0.9%	11,556	476	4.1%
Not Specified	22	0	0.0%	15	0	0.0%	7	0	0.0%
Managed Care Organization	**170,691**	**1,381**	**0.8%**	**154,327**	**662**	**0.4%**	**16,364**	**719**	**4.4%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,531	12	0.8%	1,401	10	0.7%	130	2	1.5%
15 - 19	31,302	396	1.3%	29,165	293	1.0%	2,137	103	4.8%
20 - 24	49,605	353	0.7%	46,495	191	0.4%	3,110	162	5.2%
25 - 29	32,485	171	0.5%	29,919	71	0.2%	2,566	100	3.9%
30 - 34	22,702	140	0.6%	20,279	43	0.2%	2,423	97	4.0%
35+	33,066	309	0.9%	27,068	54	0.2%	5,998	255	4.3%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Juvenile Hall Facilities	**10,941**	**357**	**3.3%**	**6,795**	**298**	**4.4%**	**4,146**	**59**	**1.4%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,740	43	2.5%	1,145	40	3.5%	595	3	0.5%
15 - 19	9,136	308	3.4%	5,620	254	4.5%	3,516	54	1.5%
20 - 24	54	6	11.1%	27	4	14.8%	27	2	7.4%
25 - 29	0	0	0.0%	0	0	0.0%	0	0	0.0%
30 - 34	2	0	0.0%	0	0	0.0%	2	0	0.0%
35+	4	0	0.0%	1	0	0.0%	3	0	0.0%
Not Specified	5	0	0.0%	2	0	0.0%	3	0	0.0%

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 18. Gonococcal Isolate Surveillance Project (GISP), Isolates by Type of Resistance, California Sites, 1998–2002

CLINIC SITE	1998		1999		2000		2001		2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTALS										
Total Specimens	**654**		**701**		**722**		**760**		**804**	
No Resistance	395	60.4	436	62.2	500	69.3	563	74.1	617	76.7
Ciprofloxacin Resistant	1	0.2	4	0.6	8	1.1	21	2.8	87	10.8
Ciprofloxacin Decreased Susceptibility	1	0.2	4	0.6	30	4.2	58	7.6	33	4.1
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	259	39.6	265	37.8	222	30.7	197	25.9	187	23.3
Long Beach										
Total Specimens	118		83		93		99		97	
No Resistance	69	58.5	49	59.0	65	69.9	82	82.8	76	78.4
Ciprofloxacin Resistant	0	0.0	0	0.0	0	0.0	3	3.0	7	7.2
Ciprofloxacin Decreased Susceptibility	0	0.0	0	0.0	0	0.0	1	1.0	1	1.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	49	41.5	34	41.0	28	30.1	17	17.2	21	21.6
Orange										
Total Specimens	117		129		107		129		175	
No Resistance	63	53.8	72	55.8	77	72.0	95	73.6	134	76.6
Ciprofloxacin Resistant	0	0.0	1	0.8	6	5.6	3	2.3	20	11.4
Ciprofloxacin Decreased Susceptibility	0	0.0	0	0.0	0	0.0	2	1.6	1	0.6
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	54	46.2	57	44.2	30	28.0	34	26.4	41	23.4
San Diego										
Total Specimens	179		192		228		235		249	
No Resistance	126	70.4	126	65.6	161	70.6	197	83.8	167	67.1
Ciprofloxacin Resistant	0	0.0	2	1.0	1	0.4	5	2.1	41	16.5
Ciprofloxacin Decreased Susceptibility	0	0.0	1	0.5	1	0.4	4	1.7	3	1.2
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	53	29.6	66	34.4	67	29.4	38	16.2	82	32.9
San Francisco										
Total Specimens	240		297		294		297		283	
No Resistance	137	57.1	189	63.6	197	67.0	189	63.6	240	84.8
Ciprofloxacin Resistant	1	0.4	1	0.3	1	0.3	10	3.4	19	6.7
Ciprofloxacin Decreased Susceptibility	1	0.4	3	1.0	29	9.9	51	17.2	28	9.9
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	103	42.9	108	36.4	97	33.0	108	36.4	43	15.2

* Other drug resistance includes penicillin and tetracycline.

Note: Totaling the types of resistance may add to more than total specimens, due to multi-drug-resistant specimens.

Source: Centers for Disease Control and Prevention, Gonococcal Isolate Surveillance Project, Sexually Transmitted Diseases Clinic Sites

California Department of Health Services, STD Control Branch

Table 19. Gonococcal Isolate Surveillance Project (GISP), Isolates Susceptible to Ciprofloxacin, California Sites, 1998–2002

CLINIC SITE	Ciprofloxacin					
	Resistant (MIC >= 1)		Decreased Susceptibility (MIC 0.125 - 0.50)		No Resistance (MIC <= 0.06)	
	Number	Percent	Number	Percent	Number	Percent
TOTAL 2002	**87**	**10.8**	**33**	**4.1**	**684**	**85.1**
Long Beach	7	7.2	1	1.0	89	91.8
Orange	20	11.4	1	0.6	154	88.0
San Diego	41	16.5	3	1.2	205	82.3
San Francisco	19	6.7	28	9.9	236	83.4
TOTAL 2001	**21**	**2.8**	**58**	**7.6**	**681**	**89.6**
Long Beach	3	3.0	1	1.0	95	96.0
Orange	3	2.3	2	1.6	124	96.1
San Diego	5	2.1	4	1.7	226	96.2
San Francisco	10	3.4	51	17.2	236	79.5
TOTAL 2000	**8**	**1.1**	**30**	**4.2**	**684**	**94.7**
Long Beach	0	0.0	0	0.0	93	100.0
Orange	6	5.6	0	0.0	101	94.4
San Diego	1	0.4	1	0.4	226	99.1
San Francisco	1	0.3	29	9.9	264	89.8
TOTAL 1999	**4**	**0.6**	**4**	**0.6**	**693**	**98.9**
Long Beach	0	0.0	0	0.0	83	100.0
Orange	1	0.8	0	0.0	128	99.2
San Diego	2	1.0	1	0.5	189	98.4
San Francisco	1	0.3	3	1.0	293	98.7
TOTAL 1998	**1**	**0.2**	**1**	**0.2**	**652**	**99.7**
Long Beach	0	0.0	0	0.0	118	100.0
Orange	0	0.0	0	0.0	117	100.0
San Diego	0	0.0	0	0.0	179	100.0
San Francisco	1	0.4	1	0.4	238	99.2

Source: Centers for Disease Control and Prevention, Gonococcal Isolate Surveillance Project, Sexually Transmitted Diseases Clinic Sites

California Department of Health Services, STD Control Branch

Table 20. Primary and Secondary Syphilis, Cases and Rates, California Counties & Selected City Health Jurisdictions, 1998–2002

COUNTY	1998		1999		2000		2001		2002	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**325**	**1.0**	**284**	**0.8**	**326**	**1.0**	**546**	**1.6**	**1,044**	**3.0**
Alameda	11	0.8	9	0.6	11	0.8	27	1.8	55	3.7
— Berkeley[1]	-	-	1	1.0	-	-	3	2.9	4	3.8
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	1	0.5	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	1	0.1	7	0.7	1	0.1	12	1.2	11	1.1
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	1	0.6
Fresno	33	4.2	14	1.8	4	0.5	4	0.5	3	0.4
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	-	-	-	-	-	-	-	-	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	14	2.2	13	2.0	7	1.1	9	1.3	8	1.1
Kings	-	-	-	-	-	-	3	2.3	1	0.7
Lake	-	-	-	-	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	140	1.5	96	1.0	151	1.6	212	2.2	409	4.1
— Long Beach[1]	18	4.0	11	2.4	19	4.1	21	4.5	38	8.0
— Pasadena[1]	4	3.0	2	1.5	-	-	4	2.9	6	4.3
Madera	1	0.8	2	1.6	-	-	-	-	1	0.8
Marin	-	-	1	0.4	1	0.4	5	2.0	5	2.0
Mariposa	-	-	-	-	1	5.9	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	5	2.4	1	0.5	10	4.8	5	2.3	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	1	0.3	1	0.3	2	0.5	1	0.2	6	1.5
Napa	-	-	-	-	-	-	1	0.8	-	-
Nevada	-	-	-	-	1	1.1	-	-	-	-
Orange	25	0.9	33	1.2	26	0.9	40	1.4	30	1.0
Placer	-	-	-	-	-	-	2	0.8	2	0.7
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	3	0.2	2	0.1	6	0.4	17	1.1	57	3.4
Sacramento	1	0.1	2	0.2	1	0.1	4	0.3	11	0.8
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	7	0.4	12	0.7	10	0.6	5	0.3	8	0.4
San Diego	24	0.9	25	0.9	27	1.0	27	0.9	38	1.3
San Francisco	25	3.3	29	3.8	53	6.8	138	17.5	315	39.9
San Joaquin	13	2.4	19	3.4	1	0.2	3	0.5	7	1.2
San Luis Obispo	1	0.4	-	-	-	-	-	-	1	0.4
San Mateo	1	0.1	5	0.7	2	0.3	9	1.3	15	2.1
Santa Barbara	-	-	1	0.3	1	0.2	3	0.7	1	0.2
Santa Clara	3	0.2	4	0.2	2	0.1	10	0.6	30	1.7
Santa Cruz	-	-	1	0.4	-	-	-	-	4	1.5
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	2	0.5	1	0.3	3	0.8	-	-	4	1.0
Sonoma	-	-	-	-	2	0.4	-	-	17	3.6
Stanislaus	9	2.1	1	0.2	1	0.2	5	1.1	2	0.4
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	4	1.1	1	0.3	1	0.3	-	-	-	-
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	1	0.1	4	0.5	1	0.1	1	0.1	2	0.3
Yolo	-	-	-	-	-	-	1	0.6	-	-
Yuba	-	-	-	-	-	-	1	1.6	-	-

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 21. Primary and Secondary Syphilis, Cases & Rates by Gender, Race/Ethnicity, and Age Group, California, 2002

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**1,044**	**3.0**	**39**	**0.2**	**1,005**	**5.6**	**0**
Ages 0 - 9	2	a	0	0.0	2	0.1	0
10 - 14	1	a	0	0.0	1	0.1	0
15 - 19	15	0.6	6	0.5	9	0.7	0
20 - 24	71	3.0	2	0.2	69	5.5	0
25 - 29	115	5.1	7	0.7	108	9.2	0
30 - 34	187	7.1	5	0.4	182	13.1	0
35 - 44	447	7.8	12	0.4	435	14.7	0
45+	206	1.8	7	0.1	199	3.6	0
Not Specified	0	-	0	-	0	-	0
Native American/Alaskan Native	**4**	**1.9**	**0**	**0.0**	**4**	**3.8**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	0	0.0	0	0.0	0	0.0	0
25 - 29	2	13.8	0	0.0	2	27.1	0
30 - 34	0	0.0	0	0.0	0	0.0	0
35 - 44	0	0.0	0	0.0	0	0.0	0
45+	2	2.7	0	0.0	2	5.8	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	**54**	**1.3**	**1**	**0.0**	**53**	**2.5**	**0**
Ages 0 - 9	1	0.1	0	0.0	1	0.3	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	1	0.3	1	0.7	0	0.0	0
20 - 24	5	1.6	0	0.0	5	3.2	0
25 - 29	8	2.6	0	0.0	8	5.0	0
30 - 34	15	4.4	0	0.0	15	8.8	0
35 - 44	20	2.9	0	0.0	20	6.0	0
45+	4	0.3	0	0.0	4	0.7	0
Not Specified	0	-	0	-	0	-	0
African American/Black	**119**	**5.0**	**15**	**1.3**	**104**	**8.8**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	2	1.1	1	1.1	1	1.1	0
20 - 24	12	6.4	1	1.2	11	10.9	0
25 - 29	14	8.4	3	3.9	11	12.3	0
30 - 34	19	10.9	2	2.4	17	18.6	0
35 - 44	42	11.0	3	1.5	39	20.8	0
45+	30	4.4	5	1.3	25	8.1	0
Not Specified	0	-	0	-	0	-	0
Hispanic/Latino	**265**	**2.3**	**16**	**0.3**	**249**	**4.2**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	0.1	0	0.0	1	0.2	0
15 - 19	10	1.1	3	0.7	7	1.5	0
20 - 24	34	4.1	0	0.0	34	7.8	0
25 - 29	44	5.5	3	0.8	41	9.7	0
30 - 34	54	5.7	3	0.7	51	9.5	0
35 - 44	98	5.6	5	0.6	93	9.8	0
45+	24	1.1	2	0.2	22	2.0	0
Not Specified	0	-	0	-	0	-	0
White	**578**	**3.3**	**7**	**0.1**	**571**	**6.6**	**0**
Ages 0 - 9	1	0.1	0	0.0	1	0.1	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	2	0.2	1	0.2	1	0.2	0
20 - 24	19	1.8	1	0.2	18	3.3	0
25 - 29	44	4.6	1	0.2	43	8.7	0
30 - 34	95	8.3	0	0.0	95	16.3	0
35 - 44	279	9.6	4	0.3	275	18.7	0
45+	138	1.9	0	0.0	138	4.0	0
Not Specified	0	-	0	-	0	-	0
Other/Unknown	**24**	**-**	**0**	**-**	**24**	**-**	**0**
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	0	-	0	-	0	-	0
20 - 24	1	-	0	-	1	-	0
25 - 29	3	-	0	-	3	-	0
30 - 34	4	-	0	-	4	-	0
35 - 44	8	-	0	-	8	-	0
45+	8	-	0	-	8	-	0
Not Specified	0	-	0	-	0	-	0

a: Less than 0.05 per 100,000.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 22. Early Latent Syphilis, Cases and Rates, California Counties & Selected City Health Jurisdictions, 1998–2002

COUNTY	1998		1999		2000		2001		2002	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**782**	**2.4**	**584**	**1.7**	**355**	**1.0**	**413**	**1.2**	**720**	**2.0**
Alameda	25	1.8	21	1.5	5	0.3	12	0.8	13	0.9
— Berkeley[1]	-	-	1	1.0	-	-	-	-	1	1.0
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	1	0.1	6	0.6	3	0.3	9	0.9	11	1.1
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	2	1.3	-	-	-	-
Fresno	55	7.0	38	4.8	17	2.1	15	1.8	3	0.4
Glenn	-	-	1	3.8	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	1	0.8
Imperial	-	-	-	-	-	-	-	-	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	16	2.5	4	0.6	9	1.4	11	1.6	4	0.6
Kings	1	0.8	-	-	4	3.1	1	0.8	-	-
Lake	-	-	-	-	1	1.7	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	542	5.8	352	3.7	203	2.1	220	2.3	368	3.7
— Long Beach[1]	15	3.4	21	4.6	14	3.0	10	2.1	18	3.8
— Pasadena[1]	2	1.5	1	0.8	-	-	3	2.2	1	0.7
Madera	4	3.4	6	4.9	1	0.8	1	0.8	-	-
Marin	2	0.8	1	0.4	-	-	1	0.4	2	0.8
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	6	2.9	3	1.4	12	5.7	2	0.9	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	2	0.5	-	-	1	0.2	2	0.5	3	0.7
Napa	2	1.7	-	-	-	-	1	0.8	-	-
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	11	0.4	35	1.2	19	0.7	26	0.9	24	0.8
Placer	-	-	-	-	-	-	1	0.4	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	9	0.6	11	0.7	12	0.8	9	0.6	32	1.9
Sacramento	12	1.0	3	0.2	2	0.2	6	0.5	7	0.5
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	5	0.3	10	0.6	5	0.3	2	0.1	6	0.3
San Diego	21	0.8	23	0.8	10	0.4	17	0.6	34	1.2
San Francisco	15	2.0	14	1.8	18	2.3	47	6.0	177	22.4
San Joaquin	23	4.2	25	4.5	12	2.1	4	0.7	12	2.0
San Luis Obispo	2	0.8	1	0.4	-	-	-	-	-	-
San Mateo	1	0.1	3	0.4	2	0.3	1	0.1	6	0.8
Santa Barbara	-	-	2	0.5	1	0.2	-	-	-	-
Santa Clara	5	0.3	11	0.7	4	0.2	11	0.6	11	0.6
Santa Cruz	1	0.4	-	-	1	0.4	2	0.8	-	-
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	4	1.1	2	0.5	-	-	1	0.2	-	-
Sonoma	-	-	-	-	-	-	6	1.3	1	0.2
Stanislaus	12	2.8	4	0.9	8	1.8	2	0.4	1	0.2
Sutter	-	-	1	1.3	-	-	-	-	1	1.2
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	4	1.1	4	1.1	3	0.8	-	-	-	-
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	1	0.1	2	0.3	-	-	3	0.4	3	0.4
Yolo	-	-	1	0.6	-	-	-	-	-	-
Yuba	-	-	-	-	-	-	-	-	-	-

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 23. Early Latent Syphilis, Cases & Rates by Gender, Race/Ethnicity, and Age Group, California, 2002

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**720**	**2.0**	**78**	**0.4**	**641**	**3.6**	**1**
Ages 0 - 9	2	a	1	a	1	a	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	25	1.0	6	0.5	19	1.5	0
20 - 24	72	3.0	23	2.0	49	3.9	0
25 - 29	83	3.7	9	0.8	74	6.3	0
30 - 34	121	4.6	11	0.9	110	7.9	0
35 - 44	290	5.0	19	0.7	270	9.1	1
45+	127	1.1	9	0.1	118	2.1	0
Not Specified	0	-	0	-	0	-	0
Native American/Alaskan Native	**4**	**1.9**	**2**	**1.8**	**2**	**1.9**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	2	12.7	0	0.0	2	24.5	0
25 - 29	0	0.0	0	0.0	0	0.0	0
30 - 34	1	6.4	1	13.3	0	0.0	0
35 - 44	0	0.0	0	0.0	0	0.0	0
45+	1	1.3	1	2.5	0	0.0	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	**35**	**0.8**	**3**	**0.1**	**32**	**1.5**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	2	0.6	0	0.0	2	1.3	0
20 - 24	2	0.7	0	0.0	2	1.3	0
25 - 29	7	2.2	1	0.7	6	3.8	0
30 - 34	8	2.4	0	0.0	8	4.7	0
35 - 44	13	1.9	2	0.6	11	3.3	0
45+	3	0.2	0	0.0	3	0.5	0
Not Specified	0	-	0	-	0	-	0
African American/Black	**94**	**4.0**	**15**	**1.3**	**79**	**6.7**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	4	2.2	0	0.0	4	4.2	0
20 - 24	10	5.4	5	5.9	5	4.9	0
25 - 29	7	4.2	2	2.6	5	5.6	0
30 - 34	13	7.5	1	1.2	12	13.1	0
35 - 44	39	10.2	5	2.6	34	18.2	0
45+	21	3.1	2	0.5	19	6.2	0
Not Specified	0	-	0	-	0	-	0
Hispanic/Latino	**287**	**2.5**	**48**	**0.9**	**238**	**4.0**	**1**
Ages 0 - 9	1	a	0	0.0	1	0.1	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	19	2.1	6	1.4	13	2.9	0
20 - 24	47	5.7	16	4.0	31	7.1	0
25 - 29	49	6.1	6	1.6	43	10.1	0
30 - 34	55	5.8	7	1.7	48	9.0	0
35 - 44	88	5.0	9	1.1	78	8.2	1
45+	28	1.2	4	0.3	24	2.2	0
Not Specified	0	-	0	-	0	-	0
White	**281**	**1.6**	**9**	**0.1**	**272**	**3.1**	**0**
Ages 0 - 9	1	0.1	1	0.1	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	10	0.9	2	0.4	8	1.4	0
25 - 29	19	2.0	0	0.0	19	3.8	0
30 - 34	40	3.5	2	0.4	38	6.5	0
35 - 44	141	4.9	3	0.2	138	9.4	0
45+	70	1.0	1	a	69	2.0	0
Not Specified	0	-	0	-	0	-	0
Other/Unknown	**19**	**-**	**1**	**-**	**18**	**-**	**0**
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	0	-	0	-	0	-	0
20 - 24	1	-	0	-	1	-	0
25 - 29	1	-	0	-	1	-	0
30 - 34	4	-	0	-	4	-	0
35 - 44	9	-	0	-	9	-	0
45+	4	-	1	-	3	-	0
Not Specified	0	-	0	-	0	-	0

a: Less than 0.05 per 100,000.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 24. Latent Unknown Duration/Late/Late Latent Syphilis, Cases and Rates, California Counties & Selected City Health Jurisdictions, 1998–2002

COUNTY	1998		1999		2000		2001		2002	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**1,754**	**5.3**	**1,915**	**5.7**	**2,618**	**7.7**	**2,145**	**6.2**	**2,130**	**6.0**
Alameda	113	8.1	80	5.6	81	5.6	74	5.0	125	8.4
— Berkeley[1]	10	9.7	5	4.9	4	3.9	5	4.8	4	3.8
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	2	5.8	-	-	-	-	-	-
Butte	-	-	-	-	4	2.0	1	0.5	-	-
Calaveras	-	-	3	7.4	1	2.5	-	-	-	-
Colusa	-	-	1	5.4	-	-	-	-	-	-
Contra Costa	7	0.8	2	0.2	10	1.0	24	2.5	5	0.5
Del Norte	1	3.6	1	3.6	-	-	-	-	-	-
El Dorado	1	0.7	-	-	1	0.6	-	-	1	0.6
Fresno	73	9.4	79	10.0	58	7.2	41	5.0	53	6.3
Glenn	-	-	1	3.8	1	3.8	-	-	-	-
Humboldt	-	-	1	0.8	-	-	-	-	1	0.8
Imperial	3	2.2	4	2.8	3	2.1	5	3.4	4	2.6
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	78	12.2	86	13.2	52	7.8	51	7.5	77	11.0
Kings	10	8.1	2	1.6	7	5.4	1	0.8	1	0.7
Lake	1	1.8	-	-	-	-	-	-	1	1.6
Lassen	-	-	1	3.0	1	2.9	1	2.9	3	8.8
Los Angeles	682	7.4	804	8.6	1,560	16.3	1,086	11.2	980	9.9
— Long Beach[1]	64	14.3	58	12.8	55	11.9	68	14.4	74	15.5
— Pasadena[1]	15	11.4	4	3.0	9	6.7	13	9.5	10	7.1
Madera	43	36.2	13	10.7	10	7.9	13	10.1	9	6.8
Marin	16	6.6	12	4.9	11	4.4	3	1.2	6	2.4
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	2	2.3	-	-	-	-	-	-
Merced	7	3.4	2	1.0	5	2.4	5	2.3	5	2.2
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	9	2.3	18	4.6	10	2.5	13	3.2	7	1.7
Napa	-	-	4	3.3	1	0.8	3	2.4	3	2.3
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	136	4.9	173	6.2	168	5.9	176	6.1	270	9.1
Placer	3	1.3	1	0.4	-	-	3	1.2	3	1.1
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	45	3.1	44	2.9	42	2.7	65	4.0	67	4.0
Sacramento	24	2.1	13	1.1	33	2.7	31	2.5	18	1.4
San Benito	1	2.0	-	-	3	5.6	-	-	1	1.8
San Bernardino	85	5.2	105	6.2	117	6.8	113	6.4	105	5.8
San Diego	131	4.8	187	6.7	194	6.9	102	3.5	87	3.0
San Francisco	91	12.0	84	11.0	91	11.7	114	14.5	116	14.7
San Joaquin	31	5.7	32	5.8	20	3.5	24	4.1	11	1.8
San Luis Obispo	3	1.2	-	-	5	2.0	-	-	6	2.4
San Mateo	4	0.6	38	5.4	16	2.3	28	3.9	22	3.1
Santa Barbara	9	2.3	5	1.3	12	3.0	15	3.7	15	3.7
Santa Clara	57	3.5	40	2.4	38	2.2	75	4.4	47	2.7
Santa Cruz	7	2.8	7	2.8	7	2.7	4	1.6	3	1.2
Shasta	1	0.6	-	-	2	1.2	1	0.6	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	11	2.9	9	2.3	3	0.8	1	0.2	3	0.7
Sonoma	-	-	2	0.4	1	0.2	3	0.6	-	-
Stanislaus	15	3.5	6	1.4	4	0.9	9	1.9	9	1.9
Sutter	2	2.6	1	1.3	2	2.5	1	1.2	2	2.4
Tehama	1	1.8	-	-	1	1.8	1	1.8	1	1.7
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	17	4.7	14	3.8	12	3.3	14	3.7	6	1.6
Tuolumne	-	-	1	1.8	2	3.6	-	-	1	1.8
Ventura	30	4.1	32	4.3	27	3.6	44	5.7	51	6.5
Yolo	6	3.7	2	1.2	2	1.2	-	-	3	1.7
Yuba	-	-	1	1.7	-	-	-	-	2	3.2

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 25. Congenital Syphilis in Infants < 1 Year of Age, Cases and Rates, California Counties & Selected City Health Jurisdictions, 1998–2002

COUNTY	1998		1999		2000		2001		2002	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**116**	**22.3**	**92**	**17.8**	**82**	**15.4**	**62**	**11.8**	**49**	**9.3**
Alameda	4	19.1	5	24.3	3	13.5	4	18.2	-	-
— Berkeley[1]	-	-	-	-	-	-	-	-	-	-
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	-	-	1	7.9	3	22.7	1	7.6	1	7.5
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	-	-
Fresno	8	55.7	6	42.8	4	28.0	2	14.0	-	-
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	-	-	1	40.6	1	38.9	1	38.5	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	3	26.0	1	8.8	3	25.7	4	34.1	1	8.2
Kings	-	-	-	-	-	-	-	-	-	-
Lake	-	-	-	-	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	65	41.0	44	28.2	42	26.7	30	19.5	28	18.5
— Long Beach[1]	5	58.8	7	82.4	2	23.8	2	24.4	1	12.6
— Pasadena[1]	-	-	1	41.9	-	-	-	-	-	-
Madera	2	96.5	-	-	-	-	-	-	-	-
Marin	-	-	-	-	-	-	2	69.8	-	-
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	-	-	-	-	-	-	-	-	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	1	14.7	1	14.9	-	-	-	-	-	-
Napa	-	-	-	-	-	-	1	63.9	-	-
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	8	17.3	6	12.9	6	12.8	2	4.4	5	11.2
Placer	-	-	-	-	-	-	-	-	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	-	-	2	8.5	3	12.1	2	7.9	1	3.7
Sacramento	2	11.3	2	11.3	2	11.0	-	-	-	-
San Benito	1	112.2	-	-	-	-	-	-	-	-
San Bernardino	3	10.6	1	3.5	2	7.0	-	-	-	-
San Diego	12	27.6	14	32.4	3	6.8	7	16.0	3	6.8
San Francisco	1	12.3	1	12.3	1	11.6	1	12.1	-	-
San Joaquin	3	34.7	4	45.2	5	52.1	1	10.2	4	39.4
San Luis Obispo	-	-	-	-	-	-	-	-	-	-
San Mateo	-	-	-	-	-	-	-	-	-	-
Santa Barbara	-	-	-	-	-	-	1	17.8	1	17.6
Santa Clara	-	-	2	7.6	1	3.6	2	7.4	3	11.1
Santa Cruz	-	-	-	-	-	-	-	-	-	-
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	-	-	-	-	-	-	-	-	-	-
Sonoma	1	18.3	1	18.5	-	-	-	-	-	-
Stanislaus	1	14.4	-	-	2	27.6	-	-	1	12.6
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	1	14.5	-	-	1	13.8	1	13.7	-	-
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	-	-	-	-	-	-	-	-	1	8.6
Yolo	-	-	-	-	-	-	-	-	-	-
Yuba	-	-	-	-	-	-	-	-	-	-

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 live births.

Source: California Department of Health Services, STD Control Branch

Table 26. Congenital Syphilis in Infants < 1 Year of Age, Cases and Rates by Race/Ethnicity of Mother, California, 1993–2002

RACE/ETHNICITY AND GENDER	NUMBER OF CASES									
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
California	**452**	**428**	**350**	**191**	**174**	**116**	**92**	**82**	**62**	**49**
Native American/Alaskan Native	1	0	0	0	1	0	1	0	0	1
Asian/Pacific Islander	18	28	13	17	10	4	3	5	1	1
African American/Black	155	175	133	63	51	39	24	13	10	8
Hispanic/Latina	232	192	152	90	96	62	46	58	45	34
White	43	30	26	12	15	11	15	6	6	4
Other/Not Specified	3	3	26	9	1	0	3	0	0	1

RACE/ETHNICITY AND GENDER	RATE PER 100,000 LIVE BIRTHS									
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
California	**77.3**	**75.5**	**63.5**	**35.5**	**33.2**	**22.3**	**17.8**	**15.4**	**11.8**	**9.3**
Native American/Alaskan Native	36.4	0.0	0.0	0.0	38.7	0.0	40.0	0.0	0.0	50.9
Asian/Pacific Islander	31.3	48.4	22.7	29.9	17.7	7.2	5.3	8.2	1.7	1.6
African American/Black	353.4	421.9	339.6	170.1	141.8	110.8	70.3	40.2	32.3	26.8
Hispanic/Latina	88.5	74.6	59.9	35.3	38.6	25.0	18.5	22.5	17.2	12.9
White	19.8	14.6	13.2	6.5	8.4	6.2	8.7	3.6	3.7	2.5

Source: California Department of Health Services, STD Control Branch

Table 27. Pelvic Inflammatory Disease, Cases and Rates, California Counties & Selected City Health Jurisdictions, 1998–2002

COUNTY	1998		1999		2000		2001		2002	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**1,621**	**9.7**	**1,632**	**9.6**	**1,507**	**8.7**	**1,399**	**8.0**	**1,459**	**8.2**
Alameda	103	14.3	102	14.0	108	14.6	71	9.4	69	9.0
— Berkeley[1]	12	23.4	2	3.9	6	11.6	2	3.8	3	5.7
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	1	6.1
Butte	2	1.9	2	1.9	2	1.9	-	-	-	-
Calaveras	-	-	-	-	-	-	2	9.1	-	-
Colusa	-	-	1	10.2	3	29.5	1	9.4	-	-
Contra Costa	82	17.7	77	16.5	91	19.3	160	33.6	189	39.3
Del Norte	3	22.2	1	7.2	-	-	-	-	-	-
El Dorado	4	5.3	5	6.4	6	7.3	3	3.5	1	1.1
Fresno	45	11.3	32	7.9	11	2.7	14	3.4	48	11.4
Glenn	1	7.3	-	-	-	-	1	6.7	-	-
Humboldt	27	42.2	33	51.2	14	21.6	14	21.5	12	18.3
Imperial	30	42.3	17	23.3	17	22.6	7	8.9	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	112	35.2	104	32.0	64	19.3	102	30.0	127	36.4
Kings	3	5.4	-	-	1	1.7	3	5.1	3	5.0
Lake	5	17.2	2	6.7	2	6.5	-	-	3	9.2
Lassen	3	22.4	-	-	-	-	1	6.9	-	-
Los Angeles	269	5.6	423	8.7	372	7.6	334	6.7	322	6.4
— Long Beach[1]	68	30.8	44	19.7	30	13.2	22	9.5	11	4.7
— Pasadena[1]	1	1.5	1	1.5	1	1.5	2	2.9	-	-
Madera	7	11.5	8	12.7	3	4.6	1	1.5	-	-
Marin	19	15.4	32	25.8	36	28.9	22	17.6	8	6.4
Mariposa	1	12.5	-	-	-	-	2	23.3	2	22.7
Mendocino	3	6.8	3	6.7	4	8.8	2	4.4	4	8.6
Merced	6	5.9	7	6.7	5	4.7	-	-	2	1.8
Modoc	-	-	-	-	-	-	3	57.8	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	18	9.8	17	9.1	15	7.9	5	2.6	6	3.0
Napa	6	9.7	1	1.6	1	1.6	1	1.5	-	-
Nevada	4	8.7	4	8.4	7	14.2	2	4.0	6	11.6
Orange	62	4.6	24	1.7	68	4.9	60	4.2	62	4.3
Placer	10	8.8	24	20.4	31	25.3	49	38.5	29	22.0
Plumas	-	-	-	-	-	-	1	9.4	-	-
Riverside	38	5.2	17	2.2	18	2.3	15	1.8	22	2.6
Sacramento	79	13.3	63	10.4	59	9.6	58	9.2	118	18.4
San Benito	-	-	4	16.1	2	7.8	2	7.5	1	3.7
San Bernardino	94	11.4	90	10.7	88	10.2	59	6.7	19	2.1
San Diego	152	11.0	126	8.9	61	4.2	61	4.1	80	5.3
San Francisco	55	13.9	57	14.3	52	13.0	40	10.0	37	9.2
San Joaquin	23	8.4	17	6.1	33	11.6	21	7.2	47	15.7
San Luis Obispo	-	-	-	-	-	-	-	-	-	-
San Mateo	29	7.9	22	5.9	32	8.5	18	4.7	20	5.1
Santa Barbara	2	1.0	6	3.0	3	1.5	2	1.0	4	1.9
Santa Clara	61	7.3	41	4.8	31	3.6	29	3.3	25	2.8
Santa Cruz	18	14.3	39	30.5	48	36.9	48	36.3	41	30.5
Shasta	13	15.3	1	1.1	3	3.4	1	1.1	4	4.3
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	2	8.7	7	30.4	5	21.5	3	12.8
Solano	36	19.1	14	7.3	9	4.6	5	2.5	7	3.4
Sonoma	35	15.6	13	5.7	20	8.6	6	2.5	10	4.1
Stanislaus	74	33.6	88	38.9	97	41.7	84	35.1	35	14.2
Sutter	6	15.3	7	17.4	12	29.0	6	14.2	8	18.5
Tehama	1	3.6	-	-	3	10.4	12	40.9	7	23.4
Trinity	2	30.5	-	-	-	-	-	-	-	-
Tulare	58	31.8	97	52.1	52	27.4	54	27.8	56	28.2
Tuolumne	4	15.8	-	-	-	-	-	-	-	-
Ventura	12	3.3	4	1.1	7	1.9	3	0.8	7	1.8
Yolo	3	3.8	1	1.2	-	-	5	5.9	2	2.3
Yuba	1	3.2	4	12.7	9	28.1	4	12.3	12	36.4

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 females.

Source: California Department of Health Services, STD Control Branch

Table 28. Non-Gonococcal Urethritis, Cases and Rates, California Counties & Selected City Health Jurisdictions, 1998–2002

COUNTY	1998		1999		2000		2001		2002	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**5,125**	**30.5**	**4,157**	**24.3**	**4,789**	**27.5**	**4,399**	**24.9**	**4,248**	**23.6**
Alameda	91	12.9	92	12.8	259	35.5	354	47.8	270	36.0
— Berkeley[1]	3	5.9	6	11.8	17	33.4	41	79.7	35	67.5
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	24	5.3	15	3.3	20	4.3	30	6.4	31	6.6
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	4	5.3	-	-	-	-	-	-	-	-
Fresno	12	3.1	4	1.0	3	0.7	1	0.2	5	1.2
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	4	6.4	-	-	4	6.3	1	1.6	1	1.6
Imperial	1	1.3	-	-	-	-	-	-	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	240	72.7	252	74.6	226	65.4	186	52.5	83	22.8
Kings	73	113.1	67	99.5	31	44.8	33	46.7	19	26.4
Lake	3	10.8	-	-	-	-	-	-	2	6.4
Lassen	1	4.7	-	-	-	-	-	-	-	-
Los Angeles	2,275	47.3	1,892	38.9	1,704	34.6	1,537	30.9	1,535	30.6
— Long Beach[1]	181	80.6	140	61.5	123	53.0	98	41.6	131	54.9
— Pasadena[1]	1	1.6	11	17.0	4	6.1	10	15.1	10	14.8
Madera	1	1.8	-	-	-	-	-	-	-	-
Marin	137	112.0	111	90.2	101	81.6	114	91.7	103	82.4
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	1	2.3	-	-	-	-	2	4.3	2	4.3
Merced	1	1.0	4	3.8	6	5.5	-	-	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	-	-	-	-	-	-	-	-
Napa	8	13.1	8	12.9	5	7.9	5	7.8	4	6.1
Nevada	-	-	-	-	-	-	1	2.0	-	-
Orange	655	47.2	473	33.6	646	45.1	656	45.1	793	53.8
Placer	2	1.8	8	6.9	4	3.3	3	2.4	4	3.1
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	6	0.8	9	1.2	11	1.4	4	0.5	12	1.4
Sacramento	1	0.2	8	1.4	10	1.7	6	1.0	5	0.8
San Benito	1	4.1	-	-	-	-	-	-	-	-
San Bernardino	120	14.5	152	17.9	185	21.3	124	13.9	114	12.5
San Diego	564	39.2	468	31.9	448	29.9	152	9.9	63	4.0
San Francisco	726	186.6	491	125.5	1,002	254.9	1,033	261.8	1,062	268.6
San Joaquin	2	0.7	-	-	2	0.7	6	2.0	5	1.6
San Luis Obispo	2	1.6	-	-	-	-	-	-	-	-
San Mateo	39	10.9	19	5.2	14	3.8	83	22.1	49	12.8
Santa Barbara	3	1.5	3	1.5	2	1.0	-	-	-	-
Santa Clara	12	1.4	3	0.3	13	1.4	7	0.8	15	1.6
Santa Cruz	23	18.3	5	3.9	7	5.4	3	2.3	3	2.2
Shasta	-	-	1	1.2	1	1.2	-	-	2	2.2
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	4	2.0	2	1.0	3	1.5	13	6.2	13	6.1
Sonoma	15	6.9	13	5.9	11	4.9	15	6.5	16	6.8
Stanislaus	4	1.9	1	0.5	-	-	-	-	-	-
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	4	14.8	-	-	-	-	1	3.5	2	6.9
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	4	2.2	-	-	2	1.1	-	-	3	1.5
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	62	16.7	56	14.9	69	18.1	27	7.0	22	5.6
Yolo	-	-	-	-	-	-	2	2.4	10	11.8
Yuba	-	-	-	-	-	-	-	-	-	-

[1] City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 males.

Source: California Department of Health Services, STD Control Branch

Table 29. Chancroid, Cases for California Counties & Selected City Health Jurisdictions, 1998–2002

COUNTY	Cases				
	1998	1999	2000	2001	2002
CALIFORNIA	**14**	**6**	**2**	**2**	**2**
Alameda	-	1	-	1	-
— Berkeley[1]	-	-	-	-	-
Alpine	-	-	-	-	-
Amador	-	-	-	-	-
Butte	-	-	-	-	-
Calaveras	-	-	-	-	-
Colusa	-	-	-	-	-
Contra Costa	-	-	-	-	-
Del Norte	-	-	-	-	-
El Dorado	-	-	-	-	-
Fresno	-	-	-	-	-
Glenn	-	-	-	-	-
Humboldt	-	-	-	-	-
Imperial	-	-	-	-	-
Inyo	-	-	-	-	-
Kern	4	3	1	-	-
Kings	-	-	-	-	-
Lake	-	-	-	-	-
Lassen	-	-	-	-	-
Los Angeles	2	1	-	-	-
— Long Beach[1]	-	1	-	-	-
— Pasadena[1]	-	-	-	-	-
Madera	1	-	-	-	-
Marin	-	-	-	-	-
Mariposa	-	-	-	-	-
Mendocino	-	-	-	-	-
Merced	-	-	-	-	-
Modoc	-	-	-	-	-
Mono	-	-	-	-	-
Monterey	-	-	-	-	-
Napa	-	-	-	-	-
Nevada	-	-	-	-	-
Orange	-	-	-	-	-
Placer	-	-	-	-	-
Plumas	-	-	-	-	-
Riverside	-	-	-	-	-
Sacramento	-	-	-	-	-
San Benito	-	-	-	-	-
San Bernardino	-	-	-	-	-
San Diego	-	-	-	-	-
San Francisco	4	-	-	1	-
San Joaquin	-	-	-	-	-
San Luis Obispo	-	-	-	-	-
San Mateo	-	-	-	-	-
Santa Barbara	3	1	-	-	-
Santa Clara	-	-	-	-	-
Santa Cruz	-	-	-	-	-
Shasta	-	-	-	-	-
Sierra	-	-	-	-	-
Siskiyou	-	-	-	-	-
Solano	-	-	-	-	-
Sonoma	-	-	-	-	-
Stanislaus	-	-	1	-	-
Sutter	-	-	-	-	-
Tehama	-	-	-	-	-
Trinity	-	-	-	-	-
Tulare	-	-	-	-	2
Tuolumne	-	-	-	-	-
Ventura	-	-	-	-	-
Yolo	-	-	-	-	-
Yuba	-	-	-	-	-

[1] City Health Department numbers are included in their respective county totals.

Source: California Department of Health Services, STD Control Branch

APPENDIX

Title 17, California Code of Regulations (CCR), §2500, §2593, §2641–2643, and §2800–2812
Reportable Diseases and Conditions*

§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§2500(c)** The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- **§2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]

☎ = Report **immediately** by **telephone** (designated by a ◆ in regulations).
† = Report **immediately** by **telephone** when **two or more cases** or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
FAX ✆ ✉ = Report by **FAX, telephone, or mail within one working day of identification** (designated by a + in regulations).
= All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1), §2641–2643

Acquired Immune Deficiency Syndrome (AIDS)
(HIV infection only: see "Human Immunodeficiency Virus")
FAX ✆ ✉ Amebiasis
FAX ✆ ✉ Anisakiasis
☎ Anthrax
FAX ✆ ✉ Babesiosis
☎ Botulism (Infant, Foodborne, Wound)
☎ Brucellosis
FAX ✆ ✉ Campylobacteriosis
Chancroid
Chlamydial Infections
☎ Cholera
☎ Ciguatera Fish Poisoning
Coccidioidomycosis
FAX ✆ ✉ Colorado Tick Fever
FAX ✆ ✉ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology
FAX ✆ ✉ Cryptosporidiosis
Cysticercosis
☎ Dengue
☎ Diarrhea of the Newborn, Outbreaks
☎ Diphtheria
☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
Echinococcosis (Hydatid Disease)
Ehrlichiosis
FAX ✆ ✉ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
☎ *Escherichia coli* O157:H7 Infection
† FAX ✆ ✉ Foodborne Disease
Giardiasis
Gonococcal Infections
FAX ✆ ✉ *Haemophilus influenzae* Invasive Disease
☎ Hantavirus Infections
☎ Hemolytic Uremic Syndrome
Hepatitis, Viral
FAX ✆ ✉ Hepatitis A
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta)
Hepatitis, other, acute
Human Immunodeficiency Virus (HIV) (§2641–2643): reporting is NON-NAME (see www.dhs.ca.gov/aids)
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
Legionellosis
Leprosy (Hansen Disease)
Leptospirosis
FAX ✆ ✉ Listeriosis
Lyme Disease
FAX ✆ ✉ Lymphocytic Choriomeningitis
FAX ✆ ✉ Malaria
FAX ✆ ✉ Measles (Rubeola)
FAX ✆ ✉ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
☎ Meningococcal Infections
Mumps
Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)
☎ Paralytic Shellfish Poisoning
Pelvic Inflammatory Disease (PID)
FAX ✆ ✉ Pertussis (Whooping Cough)
☎ Plague, Human or Animal
FAX ✆ ✉ Poliomyelitis, Paralytic
FAX ✆ ✉ Psittacosis
FAX ✆ ✉ Q Fever
☎ Rabies, Human or Animal
FAX ✆ ✉ Relapsing Fever
Reye Syndrome
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Rubella (German Measles)
Rubella Syndrome, Congenital
FAX ✆ ✉ Salmonellosis (Other than Typhoid Fever)
☎ Scombroid Fish Poisoning
FAX ✆ ✉ Shigellosis
☎ Smallpox (Variola)
FAX ✆ ✉ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
FAX ✆ ✉ Swimmer's Itch (Schistosomal Dermatitis)
FAX ✆ ✉ Syphilis
Tetanus
Toxic Shock Syndrome
Toxoplasmosis
FAX ✆ ✉ Trichinosis
FAX ✆ ✉ Tuberculosis
☎ Tularemia
FAX ✆ ✉ Typhoid Fever, Cases and Carriers
Typhus Fever
☎ Varicella (deaths only)
FAX ✆ ✉ *Vibrio* Infections
☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
FAX ✆ ✉ Water-associated Disease
☎ Yellow Fever
FAX ✆ ✉ Yersiniosis
☎ **OCCURRENCE of ANY UNUSUAL DISEASE**
☎ **OUTBREAKS of ANY DISEASE** (Including diseases not listed in §2500). Specify if institutional and/or open community.

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Alzheimer's Disease and Related Conditions, and Disorders Characterized by Lapses of Consciousness
Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)

LOCALLY REPORTABLE DISEASES (If Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, §1364).

PM 110 (10/02)


Del Norte
Siskiyou
Modoc
Humboldt
Trinity
Shasta
Lassen
Tehama
Plumas
Mendocino
Glenn
Butte
Sierra
Lake
Colusa
Sutter
Yuba
Nevada
Placer
Sonoma
Yolo
Sacramento
El Dorado
Alpine
Napa
Amador
Calaveras
Solano
Marin
Contra Costa
San Joaquin
Tuolumne
Mono
San Francisco
Alameda
Stanislaus
Mariposa
San Mateo
Santa Clara
Merced
Madera
Santa Cruz
San Benito
Fresno
Inyo
Tulare
Monterey
Kings
San Luis Obispo
Kern
San Bernardino
Santa Barbara
Ventura
Los Angeles
Orange
Riverside
San Diego
Imperial